The American Journal of
NURSING

Volume XXIX JUNE, 1929 Number 6

Staff Education or Educating a Constituency[1]

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THE fundamental principle in teaching any group of people to do the thing that you want them to do is very well stated by Dean Arps when he says, "Everybody does what he ought to do." If a person makes a statement or takes a line of action, you find, if you go back into his life, that he is doing what, for him, with his background, is the reasonable thing to do.

If, for instance, I have a man who, when he meets people, immediately makes them angry, I can go back into his life and see that this is the natural thing for him to do. If I make an analysis of his past experience, I find that he was born with certain qualities, and has developed the qualities in such ways that it is the logical thing for him to make people angry. If there is a doctor, let us say, who believes that the nurse ought to pay no attention whatever to salary, that her occupation is a spiritual service, you can go back into his experience and see that this is the logical thing for him to believe. This person with whom you are dealing is not an unreasonable person from his point of view. He is sincere. He is doing what he ought to do, as he sees it.

[1] Given by W. W. Charters before the Ohio State Nurses' Meeting, Hotel Sinton, Cincinnati, April 12, 1929.

If we can acquire that point of view with relation to all our friends and acquaintances, it immediately changes our attitude from what it would be if we feel that they are irrational and prejudiced. In other words, we see them to be logical but misguided. As soon as we accept the idea that people who do not have the right point of view are misguided, we have an entirely different attitude toward them because we no longer need to get angry at them because they are prejudiced. We do not become irritated at them. We are sorry for them, and we realize that our business is to find out why they are that way and alter their reasons.

This takes the control of people out of the field of emotion and places it in the field of education and teaching. So every nurse who is dealing with a patient at the bedside or in the hospital realizes that this most exasperating patient is that way because of certain underlying conditions. The exasperating patient who makes you go and get hot water, then cold water, and then milk and water, is doing what, under his conditions, is the natural thing to do. We see that we must change the conditions, perhaps wait until the patient gets better in some cases, or do something else in order that he may be changed.

In educating people, therefore, if we start from that point of view, it becomes apparent that there are three rather important attitudes that are basic in teachers—and each one of us is a teacher in the sense that we have to get people to do things that we want them to do.

Friendliness

THE first attitude, and I think the fundamental attitude that should be felt toward the people who are in control, is this: the attitude of the teacher and leader must be essentially an attitude of friendliness. The basic quality in leading people is the quality of friendliness on the part of the leader. I could give you large numbers of illustrations from ancient days to modern times, but it is unnecessary because this is a bright audience.

However, I might pause in passing to say that in securing the friendliness of other people, the basic method is to be friendly toward other people. I am in this audience. If you are to be friendly toward me, I must essentially be friendly toward all of you. If I enter the room feeling that nurses do not amount to much and wondering why I was brought here to talk to them, you would sense my attitude immediately. You would know that I am not friendly with you, and, as a consequence, you react by asking why you should be friendly with me.

I am not a disciple of Pollyanna—there is good and bad in everybody—but that person who controls people effectively sees first the good in people and waits awhile to see the bad. In his heart he believes that everybody, or nearly everybody, is more good than bad. In other words, people do the things they ought to do.

I always feel, however, that it is the legitimate right of every man to have a few "pet peeves," 5 per cent of his acquaintances let us say. In the other 95 per cent of the cases he has no right to be unfriendly, because 95 per cent of the people in the world are more good than bad.

It is comparatively easy to tell whether you are of the friendly type or not. Let me give you a test that you can use on yourself. Let some person take a list of twenty of your associates and slowly pronounce the names one after the other for you. After each name is pronounced you record the first thing you think about that person—the first thing that pops into your mind. The first name, for instance, may be Doctor "A." "Oh, yes, he's a crank." The superintendent of nurses? "She is conceited." The janitor? "He's lazy." If, on going through your list of twenty associates, the first thing that enters your head is a characterization which is critical in character, then you can put yourself down as not being friendly toward people. Your first reaction, which is your true reaction toward people before you have had a chance to rationalize, shows your attitude. If your reaction is of this negative sort, it is clear that you do not have a friendly disposition; and if you do not have a friendly disposition, you cannot handle people unless you order them around. But, in that case, you do not handle them; you merely make their bodies move in certain directions and perform certain actions.

The Attitude of Non-inferiority

AS a supplement to this attitude, and perhaps a cause of it, exists another attitude that I have called "equality with other people." I would almost use the term "superiority over other people," but since that term might be misunderstood, I shall explain what I mean by superiority and equality, by mentioning inferiority

as a quality that one ought not to have.

I have seen in department stores, for instance, an educational director become unhappy and irritated and ineffectual because she has an inferiority feeling toward the buyers and the president and the other people in the store. To her their word is law. She feels that they are not doing what they ought to do, or what she wants them to do. She cannot change them. So she looks upon them as the big men who decide her destinies while she is the underling who is dominated by them. When she finds that her desires are blocked through every avenue, she is inclined to become irritable and no longer friendly. As soon as she develops the attitude that the job is crushing her, she ought to move. She can do nothing in an organization in which she feels that she is impotent.

In one sense no nurse, let us say, is inferior to the patient, to the doctor, or to the lay person on the board of control. The nurse is a superior person in the field in which she is working, because she knows more about certain things than the doctor knows, or the lay person knows, or even the patient knows. Because of that fact, if she bears in mind, in dealing with other people, that she is the equal of them all, she tends to develop the feeling of friendliness and to keep from developing the feeling of irritation which we have when our superiors, so-called, do not let us do the things we know or believe should be done. So in all our dealings with people we ought to feel that we can, if given time, get them to come our way. We know their weaknesses, because we have studied them. We have our weaknesses but we also have strength.

It is our business to move people, much as the coach moves the men on the football squad. They are his players. He has to study their temperaments. This one reacts to praise. That one responds to scolding. Another develops by having a thing patiently explained to him over and over again. The coach studies his men in order to see how to handle them because he is the master of his job and must handle the people with whom he is associated. It is in that sense that I speak of the person who is going to control people as being superior. He studies them, senses their temperament, their weaknesses, their strength, and uses them to further his important ends.

Using a more mechanical illustration, we handle people, if we are slightly superior, as the chess player handles the chessmen on the board. Here is the pawn that can move only forward; here is the knight that can move only one space diagonally and one parallel to the edge of the board; there is the queen that can move in any direction. Now the man who plays chess feels himself superior to these pieces. It is his business to move them, but he has to move them according to the rules of their "disposition." He cannot change his rook into a queen; and he cannot make the bishop move as the castle does. He has to take those things into account. There is no use in getting angry at chessmen. You have, in a way, to be friendly toward them. They are doing their duty, if you use your brains. So in the handling of people with this background of friendliness, one has to feel that he is the equal of the game that he is playing and study his people in order to see the best way in which to get them to move or to educate them, if you like.

A nurse has a great deal of experience of this sort with patients. She has a feeling that the patient, after all, is a sick man. She has that more or

less motherly attitude toward the patient, so she follows his whims. She gets him to change here and there as she can. She is very reasonable and friendly with him because he is sick. Most people are not sick, but they do not always see things from your point of view, so you have to be friendly with them to get them to do this, or that, or the other, in order to help matters along just as you get the patient to do those things which will help him to get well.

There are many people who are superior without friendliness. In fact, many people who appear to be superior are so because the appearance of superiority is a defense mechanism constructed to cover up their own feeling of inferiority. It frequently happens that your most arbitrary administrative officer is arbitrary because at heart he feels his weaknesses. In order that other people may not see those weaknesses, he acts in a very autocratic manner to cover up. Yet subconsciously he is ashamed of the fact that he is not equal to his task.

The Two P's—Patience and Persistence

THERE is another pair of attitudes which is necessary if one is going to educate people. I shall call this pair the two "P's," namely, patience and persistence.

When we want to control a situation we may start out and put all our vigor into the campaign. Then when we are not accomplishing much we turn peevish, or, without turning peevish, we may quit.

The administrator who has aims in view ahead must have patience and persistence, because very frequently he cannot always get what he wants the first time. Putting it another way, the leader of any organization ought to build in terms of a five-year program, and say to himself, "I have studied my group and find that I cannot gain this objective this year, but I am going to put it through in 1933 because by that time I shall have made conditions right." Many of us, when we take hold of institutions, merely wait until the next job comes up. But the first thing for an administrator to do when he takes a job that is at all commensurate with what he is interested in, is to build a five-year program, assuming that he will stay that long. Having laid out his five-year program, he will say, "I will do this, this year; that, next year; and the other, the following year—'A' in 1929; 'B' in 1930, and 'C' in 1931." He will not try to accomplish "A," "B," and "C" in 1929 when he is foredoomed to failure in the attempt.

This continuity of effort that leads toward future goals gives stability to an institution. When I, as the head of an institution, quit at the end of my period of tenure I should leave an institution behind me that will stand, not one that will go to pieces as soon as I drop out. It is a superficial satisfaction to feel that when I leave everything goes to pieces. If, when I leave an institution, it goes to pieces, then my critics can justly say that I am a very poor administrator. I ought to leave an organization behind me so good that it will run itself, even with leadership less competent than mine.

With these three attitudes that I have mentioned, namely, friendliness, the attitude of non-inferiority, and the attitude of patience and persistence, the person is in a position to educate his people.

I should like now to turn to the processes by which this education is to be carried on. I wish to use the terminology of the school room and courses in education.

Setting up Objectives

WHENEVER I start an educational program, the first thing that I have to do is to set up my objectives. I have a group of people whom I wish to educate concerning the movements in which I am interested. My objectives may be of three or four kinds. I may have general objectives, in the sense that I want my board to know more about nursing; I may have specific objectives, as when I wish them to know more about a particular situation. If I am the superintendent of a nursing school and I need more chairs, my specific objective may be to teach my people the necessity for more chairs. I may want to raise the salaries of the nurses in an institution. That is a specific objective. My objective is to so educate my people that they will see that they ought to raise the salaries.

In addition, I may have another pair of objectives. My objective in an educational program may be merely to give information to my people. I may feel, in other words, in the field of information, that I want them to know more about other institutions of a similar sort, or that I want them to know about the social implications of our service. I want them to know these facts in order that they may have a background. But in other cases my educational program may lead toward action. I want this specific thing corrected; I cannot stop on the level of information; I must lead them into the field of action.

How to gain these objectives varies with the objectives themselves. No person should initiate an educational program without having certain objectives set up for himself. That fact holds just as well whether you are training a staff of nurses or training a lay member of the board of control. If you are training a lay member of the board of control, you must put him through a curriculum with an objective. The curriculum is worked out with care. You must teach him this, and that, just as in algebra you would teach him positive and negative numbers, equations of first degree, or of one and two unknown. That is your business. Every time you see him he gets a lesson; a part of the curriculum is taken up on every contact.

When we consider the course of study, the curriculum as we call it, it appears that, slightly to repeat myself, we must decide upon the points that we are going to teach the individual, the community, the board of control, or the nurses. We draw up a list of them—1, 2, 3, 4, 5—the things we are going to teach through the one or the five years that we are on the job. These are the things that we are going to teach in our campaign. This is our curriculum for the particular objective that we have in mind.

Know the Facts

WHEN one teaches, two things are necessary: in the first place one cannot teach a curriculum unless he knows the facts. It often happens that when we put on a campaign or approach an individual to get a person to do something, we do not have the substantiating facts to help us out. Then all that we can do is to go to the person, and say: "I wish you would do this," and the person will say, "Why?" The answer will be, "Well, I just think you ought to do it." "Why ought I to do it?" he will ask. "Oh, well, everybody knows you ought to do it." But you cannot teach without facts. You cannot teach algebra without knowing equations, nor history without knowing dates. You cannot teach facts about

the situation in nursing institutions unless you know the facts. Thus every person who is trying to put a thing over arms himself, first of all, with the facts if he is going to do it efficiently.

I mention this matter not because it is obvious. Theoretically it is obvious; but there are more movements that fail because of lack of facts than there are movements that succeed.

Another implication is this: you cannot in this informal way teach people what we are talking about unless you have a conviction that what you want to do is the right thing to do. You can teach algebra without thinking that algebra amounts to very much. Perhaps the principal of the high school did not have anybody to teach algebra; so he asked you if you had had a course and you said: "Yes, I had one in high school. I didn't like it, but I had it," and he might say, "Well, there is nobody else to take it. Won't you take it?" So you teach algebra, although you dislike it, and the only reason that you get by is that algebra is required and the children have to study it.

The situation is different when we come to handle our associates. The board member takes his "courses" on a voluntary basis, and often on the run. Consequently, to get him to learn I have to be a salesman who is convinced that his article is right, and compels the person to learn because he believes in what he is doing. I know organizations that are failing today because of the fact that the person who is in leadership has no convictions and forcefulness in his makeup.

Only last week I visited two sick colleges. In one of those institutions there is going to be a death within two or three years unless a miracle happens. Neither the president nor any person on the board of trustees has leadership or strength of conviction; they are drifting. The other institution will recover because, even though there was mismanagement in the past, there is a leader on the board of trustees who has conviction and is educating his people to give the money that is necessary to relieve the situation. Many heads of organizations fail to lead because they have no solid convictions about the importance of the thing they are doing.

In teaching people, I must realize that with many I have to repeat a point two or three times before they understand me. I have to remember that the first time I say it they don't get it, and I must not feel disturbed. I should realize that I must not be irritated, that people get things slowly. So I say it a second time, maybe in the same way or possibly in a different way. Then perhaps I have to say it a third or a fourth time. But, behold, some day the individual comes back to me with a brand-new idea and asks me what I think about it, and I recognize it as the child of my bosom. When my ideas come back to me, I know that I have taught my lesson successfully, and I know that since it is incorporated within the experience of my man, he is going to do the thing that I want him to do when he does what he ought to do.

We sometimes criticize our lay friends because they take our ideas out of our mouths. Never should we criticize. We ought to pat ourselves upon the backs for being such excellent teachers and be glad to know that our ideas are coming back from here and there to us. Coming from there means that somebody has accepted the idea and that I shall get what I want.

Three Educational Media

THERE are three media through which educating is carried on. I may educate my people through print. I may send my people bulletins and articles and material that I have prepared, or that have been prepared by other organizations. Print is a medium if they will read it. That is the trouble. The busy doctor, the busy layman, and the busy nurse have time for everything except reading.

Many people resort to letters as a second medium. May I spend a moment or two to elaborate upon the importance of letters as a means of educating your small group of people whom you want to carry along with you? I know a dean of a college of education who educates his president to his point of view through letters. I have known this dean to rewrite the letter four or five times until it was right—dictate, revise, redictate, revise, redictate, revise, and again redictate before it was ready to send. This particular dean believes that the best way of getting an idea across to busy superiors is to send them personal letters, not too long, but prepared with all the care that the advertising department in a department store puts upon the material that it sends out. What this dean does I have seen done rather widely. Often an hour spent upon a letter which will be sent out—a personal letter in the sense that each copy is put through the machine—is of very much more value than the couple of hours that it takes to call upon one person and talk about what is to be done. Letter writing is a very efficient way to educate a group with a relatively small amount of time expended.

I should therefore say, and I have practiced the thing myself, that it is of great importance to build a "letter curriculum" and to have letters go out once a month or when the spirit moves, or when a bright idea comes.

The most important method, the one most widely used in instruction, is conversation. Conversation or discussion may be carried on with groups or with individuals. While frequently a talk before the whole group is good, the basic method of education is through the key people.

There are two things only that I shall mention in connection with such conversation, assuming, of course, that you have your ideas in hand. The first is this: for a talk to be effective there must be a feeling of leisure in the discussion. You cannot catch a doctor on the run, talk with him and get your idea across; his mind is full of something else. If you ask for a half hour, or three-quarters of an hour at a time which is convenient to the individual, and then if that time is allowed, leisure is secured. This is an important, fruitful time for a talk, and it is better to wait. If one goes into a business man's office and finds that he is very busy, the best thing to do is to leave. Some time or other he will have plenty of leisure to sit back and smoke and chat, and that is the time to get him.

The second point that I want to make is one I have already mentioned. In such a talk we must remember that we must say things more than once, that we must say them twice, three times, and four times because our people have different backgrounds and we have to say the thing over and over again in different ways.

Now, in true professorial style, let me sum up. If one recognizes that the fundamental fact in connection with human action is that everybody does what he ought to do, the whole tenor and atmosphere of our relationship with people changes from one of

hostility to one of sympathy and friendliness. If we recognize that fact, we shall change the things that people know, in order that they may do the things we want them to do. This means that everybody who wants to be a leader must be a teacher and that to be a successful teacher or leader we must be friendly, have a feeling of superiority to the job, and have patience and persistence. We must set up objectives for a program and decide upon the points we are going to teach our people. When that has been done, we may teach through the avenues of print, personal letters, private conversation, and discussion. If all these technics are used, then I see no reason why we should not have a well-educated constituency.

Ten Duties for Board Members[1]

MICHAEL M. DAVIS

1. To know why the organization exists and annually to review why it should.

2. To govern a board or a committee through joint thinking, not by majority vote.

3. To give money, or help get it, or both.

4. To face budgets with courage, endowments with doubt, deficits without dismay, and to recover quickly from a surplus.

5. To deal with the professional staff as partners.

6. To keep far enough ahead of the community to be progressive and close enough to it to be practical.

7. To interpret health work to the public in words of two syllables.

8. To deal with physicians on the assumption that the highest ideals of the profession dominate its every member and to face difficulties with recognition that both doctors and board members are human.

9. To be proud of a tradition but eager to improve it.

10. Always to combine a New England sense of obligation with an Irish sense of humor.

[1] Presented as part of an address on "Function of Boards of Trustees and Committees," American Nurses' Association Meeting and Institute for Board and Committee Members of Nursing Organizations, Detroit, Mich., April 12, 1929.

Courage

"IF you want an example of courage, try Henley:

'I am the master of my fate,
I am the captain of my soul.'

"I found the other day an old letter from Henley that told me of the circumstances in which he wrote that poem. 'I was a patient,' he writes, 'in the old infirmary of Edinburgh. I had heard vaguely of Lister, and went there as a sort of forlorn hope on the chance of saving my foot. The great surgeon received me, as he did and does everybody, with the greatest kindness, and for twenty months I lay in one or other ward of the old place under his care. It was a desperate business, but he saved my foot, and here I am.' There he was, ladies and gentlemen, and what he was doing during that 'desperate business' was singing that he was master of his fate."—"Courage," by J. M. Barrie.

Assisting with Diagnostic Tests

CATHERINE B. WASHBURN, R.N.

IN recent years tests for diagnostic purposes have become increasingly numerous and complex. A patient admitted to the hospital is no longer treated symptomatically alone, but every effort must be made to determine the underlying cause of illness. A child admitted to the hospital with pyelitis must not only have routine urine examination of a specimen obtained by catheterization, but he must also have a cystogram in order to determine any abnormalities of the urinary tract. A neurological patient in whom there is any reason to suspect a brain tumor must have a ventriculogram. A child who is admitted with severe vomiting, indicating the possibility of acidosis or alkalosis, must have considerable blood chemistry done to ascertain the relation of the various elements in the blood, thereby supplying a scientific basis for treatment.

The nurse has added responsibility with the advent of these many and diverse diagnostic measures. She must prepare necessary articles for the doctor, prepare the child for the test, and assist the doctor.

I will try to tell briefly the method of carrying out some of these tests. There are a few general rules which apply to all treatments. The child should be taken, if possible, from his bed to a room which is properly lighted and heated, and which has a table of convenient size and height. For any treatment a child should be carefully restrained, to facilitate the work of the doctor and to prevent any possible injury to the child.

I. Blood Tests

Indication—varied as follows:

All patients—blood for Wasserman.
Patients with Diabetes—blood for sugar content.
Patients with Nephritis—non-protein nitrogen and serum protein.
Patients with Tetany or unexplained convulsions—blood for calcium and phosphorus.
Patients with Typhoid or Dysentery—blood for agglutination.
Patients with Acidosis or Alkalosis—blood for carbonate, chloride, and total base.
Patients with Septicemia—blood for culture.

Tray to be prepared. The sterile tray for all these tests is essentially the same:

A syringe depending in size on the amount of blood to be taken.
Two asepto needles:
1 No. 22, length 1½ inches.
1 No. 20, length 1½ inches.
Sterile towel.
Sterile sponges.

Unsterile tray:

Scrub up:
Dish containing tincture of green soap.
Dish containing alcohol, 70%.
Paper bag, cotton balls.

The variation in taking these bloods lies only in the amount to be taken, and the kind of tube in which it is to be put.

They are taken as follows:

Wasserman, 3 c.c. blood in clean dry test tube.
Serum protein, 4 c.c. blood in clean dry test tube.
Calcium phosphorus, 10 c.c. blood in clean dry test tube.
Agglutination, 5 c.c. blood in clean dry test tube.
Non-protein nitrogen, 3 c.c. blood in clean tube c̄ .1 gm. pot. oxalate.
Sugar, 2 c.c. blood in clean tube c .1 gm. pot. oxalate.

Carbonates, chloride, total base, 8 c.c. to be taken in tube under oil. A small piece of glass tubing about three inches long with a piece of rubber tubing about one inch long attached is used to do this. The rubber tubing is attached to the end of the syringe,

containing the blood and the air is expelled by pushing blood to the end of the tube which is then put under the oil and the blood expelled. It is necessary that the syringe should be air-tight. A small amount of sterile albolene should be used to lubricate the plunger.

Blood culture:

2 flasks of broth and an alcohol lamp are required.
8 c.c. of blood are needed to be divided equally in the two flasks.

The nurse removes the sterile covering from the flask, and the blood is put into the flask by the doctor after both the edge of the flask and the tip of the syringe have been flamed. The sterile covering is then replaced after again flaming the edge of the flask.

II. Lumbar Puncture

Indication. Any patient admitted to the ward with meningeal or neurological symptoms.

Tray to be prepared. In preparing a tray for the first lumbar puncture, preparation must be made not only to take the pressure readings, but also to give anti-meningococcus serum if necessary.

The following articles are needed:

2 Lumbar puncture needles.
30 c.c. syringe. Rubber tubing with needle adaptor at each end.
2 c.c. syringe.
Hypodermic needle.
2 manometers and stopcock.
2 plain test tubes with corks.
2 centrifugal tubes with corks.
2 sterile towels.
Sterile sponges.

Another tray must be prepared containing:

Alcohol lamp.
Matches.
2 chocolate agar slants.
Ampule novocain in alcohol.
Articles for scrub up.
Antimeningococcus serum in dish of warm water.

Method. The child is undressed except for his diaper and with older children a T-binder is used, and held on his side with knees flexed on his abdomen and his head bent forward. The nurse puts one arm around his knees and grasps his hands at the same time. She places the other arm so that his neck is in the crook of her elbow; this gives her entire control over the position of the child and makes it possible for her to flex him readily so that his knees and chin may be nearly approximated. The child is held with his back at the edge of the table. After the child has been scrubbed in the lumbar region and the novocain injected, the needle is inserted.

As soon as fluid is obtained, the stopcock and manometers are attached to the needle and the pressure reading is taken. The nurse who is assisting must then compress the jugular vein on the right and left side, in turn, in order that the doctor may determine if the rise and fall is normal and equal on each side and so be able to determine if there is any block. The manometers and stopcock are then removed and as the fluid is being drawn off in the test tube, the nurse takes cultures of the spinal fluid by holding a chocolate agar slant below the needle and allowing a few drops to run into the tube. If the fluid is found clear, the treatment is over. A dry sponge is applied, the child placed on his abdomen for a few minutes, and then returned to bed where he is encouraged to be quiet for several hours. If, however, the fluid is cloudy, antimeningococcus serum is given, even though the causative organism has not been determined. To give serum, the rubber tube is attached to the 30 c.c. syringe, the plunger being removed. The nurse removes the cover from the serum, flames the top and

pours it into the syringe. When the serum has run to the end of the rubber tubing, allowing the air to escape, the tubing is attached to the lumbar puncture needle by means of the needle adaptor. The serum is then allowed to run into the spinal canal slowly by gravity, usually about 15 c.c. being given, but never more than the amount of fluid already withdrawn. A sterile dressing is then applied.

III. Ventriculogram

Indication. A neurological patient in whom a tumor is suspected.

Tray to be prepared:

2 Lumbar puncture needles.
10 c.c. syringe.
2 c.c. syringe.
Hypodermic needle.
2 sterile test tubes.
2 sterile towels.
Sterile sponges.

Unsterile tray:

Scrub up.
Ampule novocain in alcohol.

Method. The preparation of a child for a ventriculogram is an important part of the procedure. The child should have his preceding meal omitted to prevent vomiting, and 30 minutes before the test is given he should have a large dose of morphine to keep him quiet and more comfortable.

The child is held the same as for a lumbar puncture and the needle inserted in the same way. When about 20 c.c. of fluid have been drawn off, 10 c.c. of air are injected through the lumbar puncture needle with the syringe. Then more fluid is withdrawn and more air injected, the doctor always being sure that there is a surplus of at least 5 c.c. of fluid withdrawn over air injected. As long as the spinal fluid runs freely, the process is continued. As soon as the air starts to be expelled from the needle, or the fluid runs out very slowly, the child is very carefully changed to the sitting position with his head held up, thus allowing the air to rise into the ventricles and, in turn, pushing the fluid out of the ventricles and down the spinal canal. This process is usually continued until about 50–125 c.c. of air have been injected. The needle is then withdrawn and a sterile dressing applied.

The child is taken to the x-ray room, usually within an hour following the injection, but equally good x-rays may be obtained even though several hours have elapsed.

The child is often in poor condition following an air injection and should be very carefully watched for signs of increased intracranial pressure. A severe headache usually results and often irregular respiration and a very weak pulse. A sterile tray with two lumbar puncture needles should always be ready in case the symptoms become so severe that some of the remaining fluid and air should have to be withdrawn. Often a child will need caffein or some other stimulant immediately following. There is usually a mild temperature reaction for two or three days following a ventriculogram, but the severe symptoms last as a rule only a few hours.

IV. Thoracentesis

Indication. Any patient in whom empyema is suspected.

Sterile tray:

2 chest tap needles:
  1 large
  1 small
2 c.c. syringe.
Hypodermic needle.
3-way stopcock.
30 c.c. syringe with adaptor.
2 sterile test tubes and corks.
Sterile kidney basin.

Unsterile tray:

Scrub up.
Ampule novocain in alcohol.

Method. The child is usually held sitting upright with the arm on the affected side raised over the head. The area where the needle is to be inserted is scrubbed and novocain injected. The needle is then inserted with the three-way stopcock and syringe attached. When the fluid has been reached with the needle, a syringe-full is withdrawn. The stopcock is then turned and the fluid pushed out through the stopcock (without detaching it from the needle) into the sterile test tube or kidney basin. The stopcock is turned again and another syringe-full withdrawn. This is continued until sufficient fluid has been obtained. The needle is then removed and a sterile dressing applied.

V. Cystogram

Indication. Any patient who has had a long continued pyelitis and some abnormality of the urinary tract is suspected.

Sterile tray:

3 catheters, 8, 10, 12.
3 solution dishes.
1 kidney basin.
2 sterile test tubes with corks.
1 genito-urinary syringe, 1 half length.
2 sterile towels.
Sterile sponges.

Unsterile tray:

1 flask sterile boric acid, 4%.
1 flask sterile sodium iodide, 12.5%.
1 solution dish with green soap.
1 tube sterile albolene.
1 flash light.

Method. This procedure is carried out in the x-ray room on the cystoscopy table, and is done by the doctor. The child is scrubbed with green soap and boric acid, and catheterized with the largest catheter which can be easily inserted. This is used so that the fluid which is later injected will not run out around the tube. The sodium iodide which has previously been drawn into the syringe is now injected through the catheter into the bladder, usually about three ounces being used. The catheter is then clamped off with the half length, and the x-ray taken. As soon as this is done, the sodium iodide is allowed to run out and the bladder is irrigated with boric acid solution.

This simple procedure which usually causes a child very little discomfort is often sufficient to determine the cause of the trouble, thus avoiding a cystoscopy which usually necessitates a general anæsthetic with its subsequent discomfort to the child.

The interest of the nurse should not cease with seeing these tests properly prepared for and carried out; the real interest is in learning the results of these tests, knowing in what way they are abnormal, and watching the improvement of the child following therapeutic treatment which has been instituted with this previously acquired scientific knowledge as a basis.

Ivy Poisoning

POISON ivy, the bane of the tourist's and picnicker's existence, has lost its terror before the onset of modern science. A cure that works in practically 100 per cent. of all cases has been found in a common, cheap, non-proprietary chemical by a research worker of the U. S. Department of Agriculture, Dr. James F. Couch. The compound is potassium permanganate, and is applied by swabbing a 5 per cent solution on the afflicted parts of the skin with a soft cloth or a bit of cotton. In a short time the itching and burning stop, and recovery is rapid. The treatment leaves a brown stain on the skin, which can be removed, if desired, by washing in a 1 per cent solution of oxalic acid. The latter being poisonous, it should be kept out of the reach of children.

At What Age Do Nurses Choose Their Profession?

HARRY DEXTER KITSON

IN the course of a personnel investigation of nurses, the writer asked 130 (women) nurses to state the age at which they decided to enter the profession of nurse. The answers carry so many implications and throw so much illumination on the status of the profession that a summary of them is here given.

The frequency with which each age is mentioned is shown in Figure I.

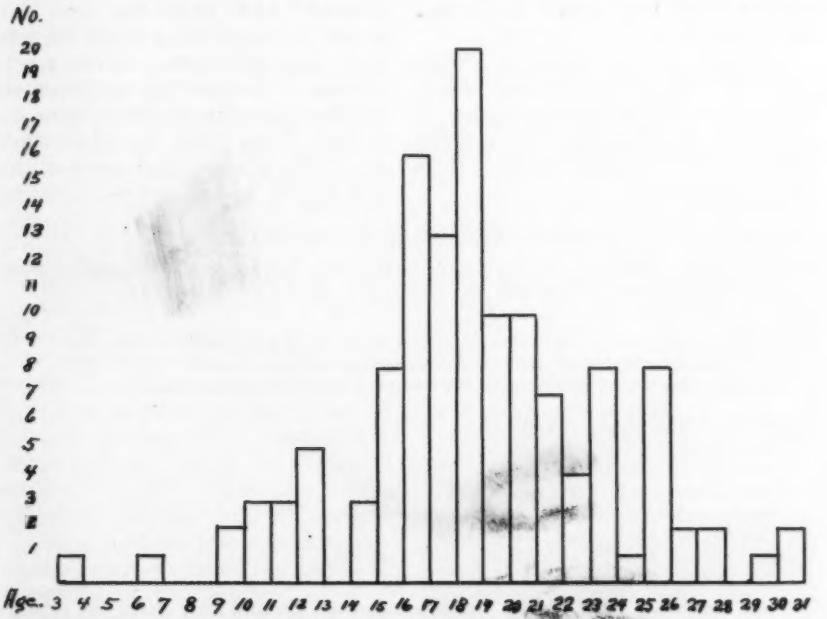


FIGURE I.—AGE AT WHICH 130 NURSES DECIDED TO BECOME NURSES

As is seen in this figure, the ages range from 3 years to 30 years. The average is 17.5. Fifty per cent of the cases decided between the ages of 16 and 21.

One significant fact is that more than 10 per cent of these nurses were attracted to the profession and decided to enter it at 12 or before. Another 10 per cent did not decide until the age of 25.

The fact that the largest single group—15 per cent—decided at the age of 18, probably signifies that they did not make up their minds until time to begin their training, 18 being the earliest age at which they are permitted to enter the training school.

From similar figures which the writer has obtained from workers in other occupations, it seems probable that most persons do not choose their occupation until they are ready to enter it. They waver in their thinking and drift in their work until an

opening occurs, or until they are forced by circumstances to make a decision.

One wonders, in this connection, what was the history of those who did not decide to enter nursing until the later ages, two even until the age of 30. What were they doing before that age? Did they try out other occupations and then come to nursing as a final goal?

One also wonders whether those whose interest dated earlier are better nurses than those whose interest is of more recent date. Unfortunately the conditions of the investigation did not furnish data with which to answer these questions.

An attempt was made to obtain some measure of the interest which these nurses had in their profession by means of an Occupational Interest Scale devised by the writer. It is reproduced below:

OCCUPATIONAL INTEREST SCALE

Will you kindly indicate, by making a check on the accompanying scale, the degree of interest you have in your occupation (not your present job, but the occupation itself)?

	Scale
As the 100 degree point, think of that activity in which you would spend the major portion of your time if you had a million dollars and did not *have* to work. Then check the point on the scale that denotes your interest in your present occupation.	100
	90
	80
	70
Kindly fill in these blanks as well:	60
I am: Male ..... Female	50
I am in the vocation of	40
I have been engaged in this vocation ..... years.	30
I decided at the age of ..... to enter this vocation.	20
(Do not sign your name)	10
Harry D. Kitson, Columbia University, New York City.	0

One hundred and forty nurses answered these questions. Two-thirds placed their interest at either 90 or 100 degrees. Only three rated their interest below 50 degrees, one at 30, one at 10, and one at zero. One would be inclined to judge these last three nurses as mal-adjusted vocationally.

The length of time the 140 nurses had been in the profession was, on the average, 5.8 years.

The figures relating to these nurses may not adequately represent the status of nurses in general, for the members of this group were all graduate nurses who were taking advanced training at Teachers College, Columbia University. They may be more deeply and professionally interested in nursing than the general run of nurses throughout the country. Nevertheless, it is probable that, at least with respect to the ages at which they decided to enter the profession, they correspond with graduate nurses in general. And while the ages here shown tell us nothing about the relative value of deciding at one age or another, it is clear that a woman can decide at any age between three and thirty. Even at the age of three one can make a vocational decision that will endure, and as late as thirty one can decide and still enter the occupation. The majority decided just at the time of application for entrance into the training school, probably on graduation from high school.

It is possible that this latter group did not give much thoughtful consideration to the occupation and their fitness for it. Indeed, the large number of persons eliminated from training

school at the end of the probation period indicates the absence of such appraisal of one's self and of the occupation. There is general agreement that there is grave need for vocational guidance for nurses. Figures such as these here reported accentuate this need.

TABLE I.—SHOWING THE DEGREE TO WHICH NURSES ARE INTERESTED IN THEIR OCCUPATION

Degree of Interest	*Number of Cases*	*Per Cent*	*No. of Years in Profession (Average)*	*Age (Average)*
100	46	33	5.0	18.5
90	46	33	6.6	17.5
80	29	21	7.6	18.5
70	7	5	4.9	18.1
50	9	6.5	6.8	20.1
30	1	.5	5	15
10	1	.5	3	19
0	1	.5	13	11
Total	140	100		

Montreal's Hospitals

NO city in the new world offers the convention visitor a greater range of historic, scenic and recreational interest, combined with the conveniences and amenities of a present-day metropolis, than does Montreal, Canada's largest city. Side by side with the sturdy buildings erected in the seventeenth and eighteenth centuries, stand striking examples of modern construction. Triumphs of engineering skill like the Victoria Bridge, the new Harbor Bridge and the Mount Royal tunnel contrast strangely with the city's myriad associations with the intrepid French Canadian pioneers who, by canoe or afoot, explored the middle of the continent and founded some of the greatest of the Canadian and American cities.

In or near Montreal are sites or actual structures recalling vivid memories of explorers, missionaries and soldiers who are inseparably bound with the history of the two sister nations, for they were the first to blaze the trail of civilization in the vast territory which now comprises central Canada and the Middle West of the United States.

Scenically, the city of Montreal has enviable advantages. Occupying more than half the island of the same name, situated at the confluence of the St. Lawrence and the Ottawa rivers, the city has grown around the stately eminence of Mount Royal. From the Mountain Park is gained a glorious panorama of rivers, lakes and countryside, with views of the Laurentians and the Adirondacks.

Montreal's dual population of English- and French-speaking citizens gives it a cosmopolitanism of spirit which makes it distinctive among the cities of the world, blending the attributes of Canadian, British, American and European centres. In the country regions, a few miles away, may be found scenes and character types which recall vividly the Brittany and Normandy of two centuries ago whence came the ancestors of the habitants of today. Wayside shrines, thatched barns, well-sweeps, roadside

bake-ovens, yoked oxen, weavers, spinners, wood carvers and other handicraft workers—all breathe the spirit of an earlier and less favored age.

Like most large cities, Montreal with its population of around a million, and another half million in its tributary territory, finds its hospital needs constantly overtaking and exceeding its facilities, necessitating continual expansion of the older hospitals and the provision of new ones. These institutions invite inspection during the Congress in July.

The Hotel Dieu is one of the oldest hospitals on the continent. Its history is closely associated with that of Ville-Marie, now known as the city of Montreal. Jeanne Mance, the foundress, was a member of that expedition which, under the guidance of M. de Maisonneuve, left La Rochelle (France) in the June of 1641, to establish a colony on the island of Montreal, landing there on May 17, 1642. With the years the Hotel Dieu has grown under the direction of the Hospital Nuns of St. Joseph, a strictly nursing order which has twenty-four such institutions in France, Belgium, Canada and the United States. The year 1901 saw the opening of the Nurses' School, which has in attendance today approximately one hundred pupils.[1]

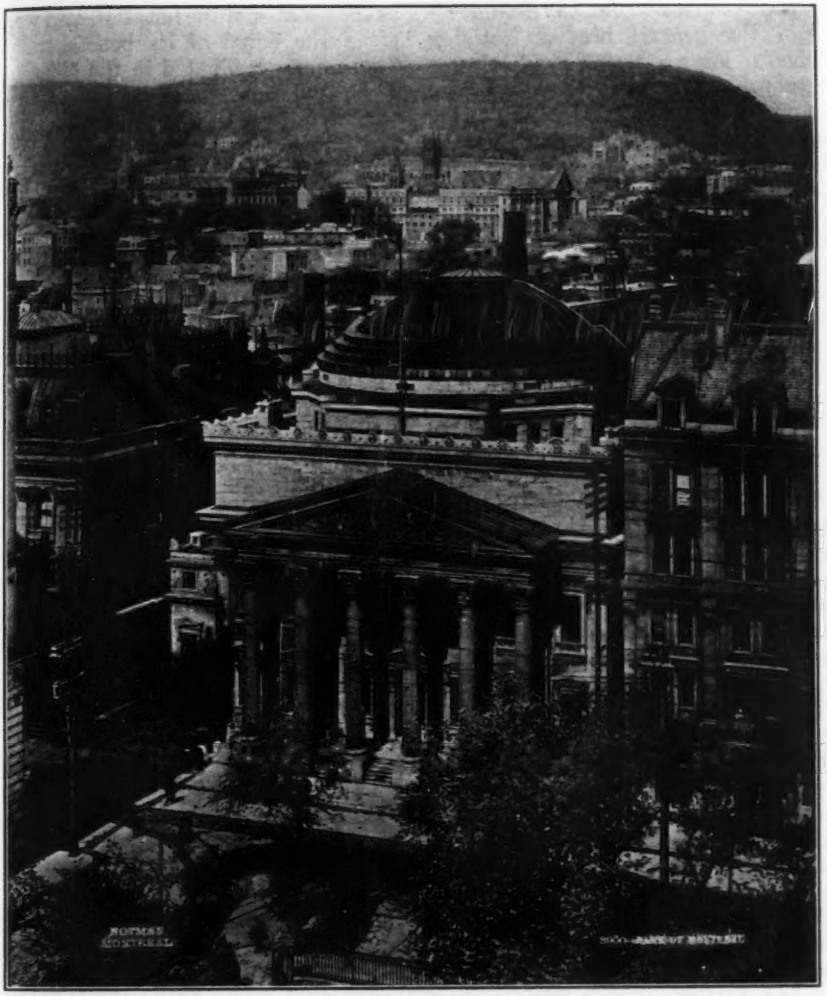
The Royal Victoria Hospital and its adjuncts, the Ross Memorial Pavilion and the Royal Victoria Maternity Hospital, are situated on the slopes of Mount Royal, in close proximity to the fine building of the Medical Faculty of McGill, and are strikingly impressive structures built in the baronial style of architecture.

The Royal Victoria Hospital owes its existence to the generosity and public spirit of two great men, Lord Mount Stephen and Lord Strathcona who, in 1887, dedicated the original endowment of one million dollars to the commemoration of the Jubilee of Her Majesty Queen Victoria. The choice of a site fell on the present ideal location far above the city on the mountain side, overlooking the valley of the St. Lawrence. The training school, of which Miss M. F. Hersey, President of the Canadian Nurses' Association, is Superintendent, has been in existence since 1894.

The Montreal General Hospital, one of the largest in Canada, has, in its century and more of existence, grown from modest beginnings to its present huge proportions, and has recently added to its facilities by the absorption of the previously independent Western Hospital, as a branch. The year 1890 saw the establishment of its Training School for Nurses which, after being opened by the Governor General and Lady Stanley, was placed under the direction of Nora G. Livingston, one of Canada's most revered nurses. In 1897, the cornerstone of a nurses' residence, known as the Jubilee Nursing Home, was laid by Lord Lister in the presence of a brilliant and distinguished assembly gathered in honor of this world renowned scientist. In 1926, there was opened the splendid building of the new school and residence for nurses, with every accommodation for 210 nurses. The second floor is devoted solely to teaching purposes and contains classrooms, laboratories, demonstration rooms, etc.

The destinies of the Montreal General Hospital, now amalgamated with the Western Hospital, and of the Royal Victoria Hospital, now amalgamated with the Montreal Maternity Hospital, according to a recent

[1] For the story of the development of nursing education in this and other French Canadian hospitals, see the *Journal* for March, 1929.



MONTREAL

agreement will be guided for a period of five years by a joint commission, composed of five members of the Board of Management of the Montreal General Hospital, five members of the Royal Victoria Hospital and one representative of McGill University. While each hospital will retain its own autonomy, this commission will have power to decide on the erection of new buildings, raising of campaign funds and their distribution and correlation for teaching purposes, of medical appointments of the individual hospitals in connection with McGill University.

At the Montreal Alexandra Hospital for Infectious Diseases, the

nursing at first was done by volunteers from the general hospital training schools; later a training school was established, giving a one-year course in infectious diseases. In 1918, owing to the increased demand for special training in infectious diseases, the training school was abandoned, and affiliations were made with several hospitals in the city and, later, with others outside, throughout Canada, until at present the hospital is staffed by twelve graduates in charge of wards and instruction, and about twenty-two pupils from ten different affiliated hospitals, coming for a two months' course of training in infectious disease.

The Catherine Booth Mothers' Hospital derives its name from the late founder's wife. At present the hospital has a capacity of 50 beds and service is rendered to private, semi-private and public patients. The supreme governing body is the Salvation Army of Toronto, the head of which is Lieutenant Commissioner William Maxwell. Already one class of nurses has graduated, and five more will receive diplomas in December.

The Children's Memorial Hospital of Montreal was founded in 1902 to perpetuate the memory of Queen Victoria. The children receive, each day, bedside tuition in the "three R's" from a visiting teacher. Upon discharge, orthopædic patients continue their studies at the School for Crippled Children, a development of this bedside teaching.

The Homeopathic Hospital of Montreal was organized in 1894. The Phillips Training School for Nurses, in connection with it, was established and open to students the same year as the opening of the hospital, and was given the name of its benefactress. Two nurses graduated in the class of 1896, and since then the school has steadily grown till the graduates now number one hundred and forty-four.

The Montreal Foundling and Baby Hospital takes care of destitute children during the first two years of life. Its dispensary is used by the Child Welfare Association for health clinics.

Montreal has not overlooked her mentally ill. The eight-hundred-bed Verdun Protestant Hospital is devoted to psychiatric patients.

The Shriners' Hospital for Crippled Children, Montreal Unit, is beautifully situated on the slope of Mount Royal. It was opened in 1925; the Superintendent is Louise M. Dickson, and the nursing is done by graduates and affiliated students.

The Congress in Montreal

MONTHS ago the *Journal* announced that hotel accommodations in Montreal, though generous for a city of its size, are limited and that there are very few single rooms. Later we definitely announced that all single rooms had been assigned. This has not seemed to check a flood of requests for such accommodations. An international conference is always a test of good sportsmanship. This one will be no exception. Indeed, it presents an added opportunity for thoughtfulness on the part of English-speaking nurses. At Helsingfors, the language of the Conference was English. At Montreal, English, French and German will be used. It requires real patience and courtesy to sit through a speech which the listener does not understand. It is a courtesy which nurses of North America, whether Canadian or American, will gladly show those who come from Europe and other non-English speaking portions of the globe.

A Field Hospital in Porto Rico after the Cyclone

JEAN PAULINE EGBERT, R.N.

IN a large field on the outskirts of a very huddled little town, stood three large and two small army tents, with a lively Red Cross flag flapping in the breezes. We were in Cidra, high up in the hills of Porto Rico, three weeks after the cyclone. Our problem was—given, the above tents, plus fifty army cots, blankets, pillows and linen—to construct and carry on a hospital. Thanks to our very interested and energetic native doctor, things were well started when we arrived. Tents were up, ditches dug around each for drainage, although the patients used them as spittoons and catch-alls for orange skins, etc. A crew of men were clearing away weeds and sod and carrying them off in gunny sacks. The villagers whose homes had remained more or less intact had contributed two little oil stoves, a variety of china, forks and spoons, and a collection of wooden boxes covered with gay cretonne for bedside tables.

On Friday we had five patients; the following Tuesday, we had thirty-six, so things were happening fast. We had two native women to do the bedside care of the patients, and one "orderly," a long, lank, mustachioed man, dark of skin, bare of feet, and with one "dead eye," called by us Mirandy. He soon brought us Mrs. Mirandy, very black and kinky-haired. With many flourishes and much dramatic explanation, he conveyed Mrs. Mirandy's desire to do the hospital laundry. Each morning she appeared, followed by a child or two, and after some dickering over the amount of soap needed, departed majestically with an enormous load of soiled linen balanced in a huge cocoanut leaf on top of her head, and followed by several miniatures of herself. The procession reappeared in the afternoon, quite oblivious of the streams of water trickling down their necks from the wet wash. Silently they spread the linen to dry on the fence or high weeds.

We had water from one faucet in the field which the doctor had had piped from a neighboring house, but, like all in that region, we had no sewage system. However, we soon constructed a masterpiece of a "latrina" in the corner of the field, a deep hole sheltered by gunny sacks on sticks. Thither paraded our dark-skinned folk, with short chemises and bare feet, but always with their blankets closely wrapped around their heads and shoulders. If the rains had turned the field into a mud pond and the patients returned with their feet heavy with clay, it never deterred them from calmly disposing themselves between the white sheets.

Dr. Roco was engaged by the municipal government to hold clinic each day from 9 to 12 in the City Hall. There he made a hasty examination of patients, wrote prescriptions, or sent them to the hospital if they were acute cases. To us came homeless patients with malaria, alfileria, infectious diarrhœa, wounded, foot infections, all of them undernourished and 90 per cent with hookworm. Some walked in; many were carried on army cots or chairs; more frequently they were slung in hammocks made of heavy cloth tied at each end by a rope to a stout bamboo pole, which rested on the shoulders of two men or boys, often far too small for their burden. One patient was slung, like a bag of meal, over the shoulder of a relative who came in at a dog trot.

A Hammock Litter

It rained every day. Of course we had no floors, and the earth was a peculiarly sticky red clay. As I had only white crêpe-soled shoes, it was a bit precarious to make rounds. All the big tents leaked, and I would find the women curled up like kittens on their pillows, on the one dry spot on their beds, while the color in the blankets had run and left dirty streaks on the sheets. However, soon the sun would come out, up would go the tent flaps, out with the linen to dry, and all would be serene again.

Seldom have I greeted anything with greater joy than the dirty, rickety cupboard they brought us. We set it up, put our medicines and supplies in it, and then up came a breeze and crash went our cupboard. We set it up again, braced it with sticks, and it saw hard service. Paper we reverenced, for we seemed to have a thousand uses for it, and boxes also were at a premium. They served as tables, chairs, ice box, supply box, standards for stoves and finally as a crib.

Which brings us to wee Bandillia. She appeared one day with her mother, and what to do with a naked, five-months-old baby I did not know. Our day guard converted a box into a "cuna" while I scrubbed the baby, to her everlasting astonishment, and dressed her in a pillow slip with the few necessary holes. I grudgingly spared a piece of wrapping paper to protect her pillow mattress, for of course we had no rubber, and laid her in her new bed. In a few days we had improvised a feeding bottle and found some new clothes for her, and she looked so well that the mother, to show her gratitude, presented her to me! I couldn't imagine myself landing in New York with Bandillia under one arm, so I said "No" very firmly. We found that the mother had nothing to feed the baby, if she took it back to the country, but coffee and sugar syrup, and it would surely have died, so the doctor arranged for a family with a decent home to adopt it.

Mealtime was a busy time. In a moment of inspiration I had suggested a tray made of a barrel top and hoop, which Mirandy made and appropriated. He would load it to capacity with bowls of steaming soup and march off triumphantly. And very good soup it was, too, thanks to Margarita, our cheerful cook.

The doctor decided that since I knew a little Spanish, I should be the one to do the "public health work," riding through the country with a Porto Rican Lieutenant as escort. I had never ridden a horse, and had to improvise a costume, but I managed to stay put and jogged off into the hills. Not a shack was left standing, and it was pathetic to see the piles of boards and thatch that had once been homes. Most of the people were living under lean-to's of a few boards. In the town it was "Cruz Roja" day, and the people had come from far and near with their tickets to get supplies of food and clothing which were distributed by the local Red Cross.

Off duty we lived in the house of the general storekeeper. They hesitated to take us in, but gave up their own room, and were as kind as possible in

every way. Several young teachers roomed in the house, and through them we had many delightful experiences while off duty and met everywhere the greatest hospitality and entertainment.

In all the district of Cidra, which extends over the hills many miles and has some 30,000 people, there is no hospital or nurse, only one doctor, and a very dirty, one-legged man who, for thirty years, has done dressings in the City Hall. The people are very poor and undernourished. For two years their tobacco crop has had no market, so they hopefully stored it away in great barns. Now the cyclone has scattered tobacco and barns over the hillside. In consequence of being so poorly fed, the people have little resistance, but I found them very friendly, very happy, modest and clean, not according to our standards but according to their opportunities.

Blood Relationships

NINA MACDONALD, R.N.

IT was no other than the inimitable Samuel Pepys, himself, who handed down to us many interesting peeps at the past through his vivacious pen. He records that Locke operated on the Lord Chancellor (the third Earl of Shaftesbury), who had a suppurating cyst of the liver. The cyst was drained for years by a silver tube known as "Shaftesbury's spigot," of which the satirists and wits of the day made much sport.

Perhaps one of the most interesting of all the references is that to Sir Christopher Wren. That gifted architect was not always devoted, it appears, to the designing of magnificent churches and noble spires. It was while he was a professor of astronomy that Wren invented not only the intravenous injection of drugs but the transfusion of blood, in the year 1659. His success with this operation on dogs, wrote the famous diarist, "did give occasion to many pretty wishes, —as of the blood of a Quaker to be let into an Archbishop, and such like; but it may, if it takes, be of mighty use to man's health for the amending of bad blood by borrowing from a better body."

In the year of our Lord 1667, a year after the great fire of London, the experiment of blood transfusion was tried on one Arthur Coga, a "queer" young man and a Cambridge graduate. According to Samuel, he was "a poor and debauched man, that the college have hired for 20/—to have some of the blood of a sheep let into his body. Some think it may have a good effect on him as a frantic man, by cooling his blood. . . ." Mr. Coga, surprising to relate, survived the ordeal and actually wrote an account of it in Latin, and declared that he felt like a new man, which only serves to show how the mind can be persuaded to react optimistically to suggestion. Pepys himself was more difficult to please. He mentions that "Coga (poor wretch) continued a little cracked in the head."

In the light of our modern knowledge we have every reason to believe that Mr. Arthur Coga received very little blood, if any, from the sheep; for it has been proved that blood transferred from a lower animal to man, or from any one species of animal to another, is indeed very harmful and sometimes even fatal. It was not

until the beginning of this century that an epoch-making discovery was made by Dr. Nuttal, now a professor at Cambridge, when the reason for these fatalities was first investigated. He proved that the term "blood relationship" has a very definite biological meaning. He discovered that the degree of relationship between different species of animals can actually be found by microscopic examination of the blood. Fortunately it is not necessary to inject blood in order to test its properties. A drop of the donor's blood is mixed with the serum of the blood of the recipient and the reaction is studied under the microscope.

It was Dr. Landsteiner who first discovered that human blood corpuscles may contain either of two substances "A" and "B." They are so called because their chemical nature has not yet been definitely discovered. Jansky and Moss showed that, as regards the properties of the human blood, every person falls into one of four groups.

["This Business of Selling Blood" by Herbert G. Harlan, in *Hygeia* for May, 1929, gives a very simple description of the method of determining the donor's blood group and presents the whole topic of transfusion in non-technical language for lay readers.]

Who May Administer Habit-forming Drugs?

ARTICLE 22 of the Public Health Law being Chapter 672 of the laws of 1927, apparently makes it illegal for a nurse who is not a Registered Nurse under the laws of this state to administer habit-forming drugs. Section 423 of the Public Health Law says:

"It shall be unlawful for any person to possess, have under his control, sell, distribute, administer, dispense or prescribe any habit-forming drug except as provided in this article."

Subdivision 4 of section 426 says:

"A nurse, in good faith and in the course of her professional practice, only, and acting under the direction and supervision of a physician, may possess and administer habit-forming drugs."

Subdivision 6 of section 421 gives the definition of nurse as used in that article, as follows:

" 'Nurse' means a registered practitioner of nursing as defined by law."

If the Flag Could Speak

BENEATH my folds soldiers have fought in defense of their passion for liberty, and under the inspiration of my symbolism statesmen have built a Republic dedicated to the ideal of the sovereign rights of free citizens. I have seen the growth of a model system of public schools seeking to offer a fair start in life to every boy and girl. I have encouraged the scientist in his search for truth, the merchant in his contribution to human wealth, and the laborer in his toil to provide for human comfort. For a century and a half the sons and daughters of Europe and Asia have looked upon me as the emblem of hope and opportunity.

But with all that glorious history there are moments when the breezes cease to blow and I must droop in shame at the knowledge that in the great land I represent, the bodies and spirits of little children are being broken in mines, factories, and mills; that corruption has found its way even into the municipal halls of my great cities; that in the hearts of some citizens sheltered by me there abides a spirit of hate for fellow-men; that I have not been permitted to play a part of larger usefulness in the work of benefiting all mankind regardless of nation, creed, or color.

What of my future? It rests with my sovereign citizens, and in them have I placed my trust that the day may come when I shall wave over a million schoolhouses all providing equal opportunities for the guided growth of childhood; over federal institutions in which there will abide a genuine concern for the safety and prosperity of the whole world; over factories where the rights of mankind will be upheld; over halls of business dedicated to unselfishness; and over churches truly consecrated to the loftiest ideals of Christian brotherhood!—Selden Carlyle Adams, National Education Association.

Living Safely with Electricity

C. A. JOHNSON, A.B.

MANY times each day a nurse may give thanks for the development of electrical engineering which has given her so many appliances to lighten her physical labor and add to her patient's comfort. It is less cheering to be reminded, by the daily news and insurance surveys, that there is an alarming increase in the number of accidents from the use of electricity. The electrical engineer knows that nearly every one of these accidents was preventable and was the penalty of ignorance or carelessness. The few remaining may have been due to equipment either faulty in design or inadequately maintained and repaired. You may be helpless against these latter conditions, but a little knowledge of the nature of electricity and of what is a safe procedure in handling it should protect you against the former.

Shock, either painful or fatal, and fire are the two accidents to be feared. The best protection against them is to develop a set of working principles which you may apply to specific situations in your daily life. To do this you need some elementary knowledge of electrical theory from which you can deduce the facts which will be useful to you.

Electricity flows under pressure through conductors much the same as water flows under pressure through pipes. Analagous to any other fluid in motion, electricity always takes the path of least resistance. By providing a path of least resistance which passes through lamps, or motors, electricity may be made to do useful work. We must bear in mind, however, that doing the work is purely incidental to the fact that the electric current is being permitted to flow over an easy path. The great danger to

Would you have been afraid to do this? It is a mistake which frequently results in electrocution. The man has "grounded" himself by laying his hand on the radiator, so that if there were the slightest defect in the lamp socket the high voltage on the supply line would pass to the ground through his body. You may be interested to know that the first time we posed this picture there *was* a defect in the socket and the man received a heavy shock, so that he is really holding the lamp very carefully with a piece of rubber.

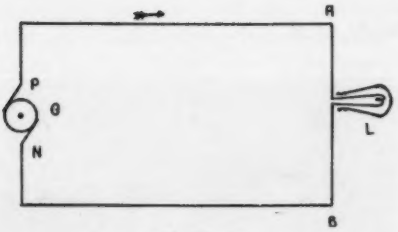


FIGURE I

the user is that, due to his ignorance or carelessness, it may find an easier path than the useful one. If this path is through a living organism painful shocks, or perhaps death, may result. If it is through combustible material, it will probably cause fire either by overheating the material or igniting it by sparks.

In general, the only safeguard against these dangers is to make sure that the electrical path, or circuit, is adequately insulated from all other possible paths. By other possible paths we mean any condition such that the electricity can flow back to its source without first having gone through the apparatus in which it is intended to be used. I am going to tell you of two ways in which this may happen. The first is a "short." You have all heard of it, but can you picture to yourself just what happens when a short circuit takes place?

Figure I is a diagram of a simple direct current electrical circuit. L is an electric lamp. Think of it as your own reading lamp at home. You know that electricity is supplied to this lamp by means of a cord, made up of two separate wires which are insulated from each other. This cord ends in a two-pronged plug, which plugs into a two-holed receptacle in a lamp socket or on the baseboard. Now, referring to our diagram, these two points where you make a contact when you plug in your lamp are represented by A and B. In your room, of course, they are only about a half inch apart and the wires run side by side in a single cord, but in the diagram the wires are shown as running in opposite directions, to make it clearer. The generator, G, is at the power house, and the electrical current (which for our purpose we may think of as a fluid) flows out of G at the point P, and around the circuit in the direction of the arrow to one of the connections in your baseboard, A, then through the lamp, L, and back through the other connection, B, to the generator in the power house at the point N. The current flows in this way because it is under electrical pressure furnished by the generator. That is to say, there is a difference of electrical potential between terminal P (positive) and terminal N (negative) of the generator, the positive being at the higher potential. This difference of electrical pressure is what you hear spoken of as "voltage" because it is measured in terms of a unit called a *volt*. For any circuit, the rate of flow of the current is directly in proportion to the number of volts pressure applied. The higher the voltage, the greater will be the flow of the current.

In the hospital, you may have had the experience of going to buy a new piece of electrical apparatus and having the dealer ask: "Do you have direct or alternating current?" Perhaps you learned then, for the first time, that it made a difference in the article chosen. What did he mean? If the current on our circuit flows continuously in one direction, it is called direct current, indicated by the letters D. C. Some generators, however, generate current which changes its direction of flow periodically. This is called alternating current, indicated by the letters A. C. If you are told that your current is 60-cycle A. C.

which is the standard A. C. circuit, it means that the current alternates through a complete cycle 60 times a second. We shall come back to this later on.

We said above that the rate of flow of the current depended on the number of volts pressure applied. How do we express that rate? It is measured in a unit called the *ampere*, so that we speak of the amperage of a circuit.

You remember I said that electricity flows "through conductors" much as water does through pipes. Conductors may be of various materials. Copper or iron, or metal of any kind, offers little resistance to the flow of electricity through it and so is a conductor. Glass, rubber, dry wood, etc., through which electricity does not pass easily, are called insulators. This means simply that they have a very high electrical resistance. There is no definite line which separates materials which are insulators from those which are conductors; the classification depends only on the degree of their resistance to the flow of electricity.

In our diagram (Fig. I) the connecting lines between the generator, G, and the lamp, L, consists of some conducting material such as copper wire. The lamp itself is made of a filament of tungsten wire. Both of these are conductors, but both offer some resistance to the flow of the current, so that it meets with some opposition as it flows around the circuit. The amount of this opposition is in proportion to the resistance of the circuit and is measured by it. An *ohm* is the unit for measuring that resistance.

Now we have learned some terms in which to explain what we mean by a short circuit, a "short" as your electrician may call it. If the voltage of our generator, G, is 120 volts, and the combined resistance of the lamp, L, and the connecting wires is 240 ohms, the current which will flow will be only one-half an ampere. But if we should increase that resistance, by adding another lamp in series with the circuit, for instance, the amperes would be less; and if we should lessen the resistance, by providing an additional path, the amperes would be more. The more we lower the resistance, the more current flows. Look at Figure II, where we have laid a heavy piece of metal of some sort, having even less than one ohm resistance, across the line at the points E and F. We have provided a path of low enough resistance so that over it more than 100 amperes can flow. That is what happens when you have a "short," and the result is that the line is overloaded by several times its capacity for carrying current and it overheats and burns off at its weakest point. Why, then, don't you start a fire every time there is a short circuit? Because the electrician protects you by supplying a weak point to burn off before the danger point of heat is reached. This is the *fuse*, and it is simply a connecting link of soft metal

Pull out your connection by the cap itself and not by the cord. Notice the defective cord here, resulting from the kinks and twists produced by coiling.

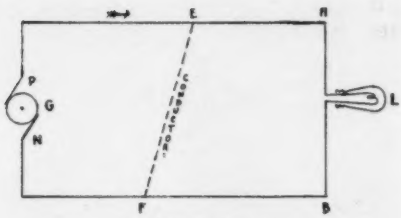


FIGURE II

which will burn off with safety when a short circuit occurs.

You may have heard it said that electricity always takes the shortest path in going from one point to another. It might be clearer to say the easiest path, or the one offering least resistance. Take your reading lamp again. In the hard rubber connector, where it is attached to the supply of current, are two prongs, the wire carrying current to the lamp being attached to one and the wire bringing current from the lamp being attached to the other. It would be, in actual inches, only a half inch for the current to cut across from one prong to the other, while the distance around through the lamp is several feet. But the path through the bulb of the lamp has been prepared to offer slight resistance to the current, while that through the hard rubber connecting cap is made to offer very high resistance. Therefore the current goes around through the lamp, although a very slight amount does pass through the rubber between the prongs. But suppose your connecting cap gets damp, so that there is moisture (an excellent conductor) between the prongs, or suppose a loose strand of wire should get across them, the resistance in the cap would drop at once and you can see what would happen. The current would go across there instead of through the lamp and the heat produced by the increased current would make something burn out. The fuse would go, if there was one on the line, and if not, the prongs would probably burn off in the cap itself, with a display of electrical fireworks if not an actual fire. This sort of thing is your greatest fire hazard, and may cause a serious burn on the hands of a person handling the connection.

You wouldn't suppose that anyone would leave an attached electric iron standing on an ironing board. Yet, in this country, the fire engines are called out every day in the year, because of just that piece of carelessness. Moreover, we hear every little while of bedding, beds, and even helpless babies or invalids, being burned, because someone in charge of a heating pad ignored the fact that combustible material will ignite when heated above its ignition temperature. To be sure, some of the more elaborate heating devices are equipped with automatic temperature regulators. But the purpose of the regulator is to maintain a constant operating temperature in the apparatus itself, and does not guarantee that it is fool-proof if left in contact with something which will eventually be set on fire by excessive heating. Furthermore, it should be remembered that heating apparatus is still hot after being disconnected from the current, and should never be put away until it has cooled.

Statistics show that 26 per cent of all fires are caused by electricity. Almost half of these are the result of "shorts," and 80 per cent of the shorts occur in flexible cords. It is also possible to overheat your circuit by using appliances designed for heavier cords. If you attach a 600-watt flatiron to a lampcord designed to carry 5 amperes, you will probably burn something up. You need not only a good wire but the right wire for your apparatus. High-grade cords and plugs cost more but, they cost less than fires. Even the

insulation on the best grade of cord gets a lot of wear, and it should be watched constantly for breaks. When the insulation between the two wires in the cord is gone, there is your new path of least resistance and the current will take it, and will make a short circuit. Cords in use about a house or hospital should never be coiled when not in use. They should be loosely folded or looped from the apparatus to which they are attached so that they can be unfolded easily. Pulling on the cord to untangle kinks and twists destroys the insulation very quickly. It is all right to let the cord when in use lie along the base board, but keep it away from water pipes, gas pipes, steam radiators, and other conductors. Place the hard rubber connectors where they cannot be stepped on or squeezed in a door, for a broken cap will mean a short circuit sooner or later. Water, oil, dirt, or any foreign

The proper way to put away an extension cord. Fold, do not coil or wind around the apparatus. When it is undone again it will have no twists or kinks.

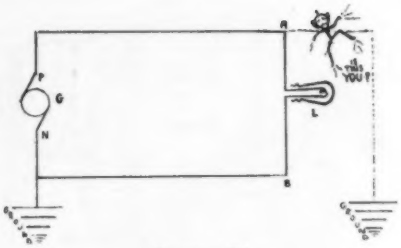


FIGURE III

material on the cords may cause a short, either by providing a conductor through the insulation or by causing it to deteriorate. Never have a connecting cord with the pronged half of a connecting cap at both ends. When one end is plugged in, the prongs at the other will be connected to the line voltage, and contact of these prongs with any conductor will cause either a bad shock or a burn. The half of the connecting plug having holes in it should always be at the end of a cord when that cord is connected with the current. Never pull on the cord itself to disconnect. Pull directly on the plug. Otherwise you may loosen the cord from the prongs inside the connection, so that the loosened wires come together and make a "short" (Figs. IV and V).

If, with every attention to buying good apparatus and keeping it in good condition, we manage to avoid the dangers of fire from electrical current, we still have to confront the greater danger of shock. Electric shock may be only painful, but it is very frequently fatal. A shock is what results when, for any reason, the operator's body is so placed that part of the current flows through it. This often happens when a lamp or a heater is adjusted with one hand and a switch operated with the other. Most of us have received shocks of this kind while adjusting an electric fan or operating the vacuum cleaner.

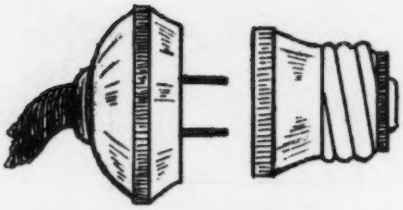


FIGURE IV

If this contact is made when there is considerable "contact resistance" between the hand and the circuit, due to dry skin, dust, or other insulating material, the current diverted will be small and only a slight shock may be felt. But if the finger tips are moist, or there is any other condition to make low resistance, enough current will be sent through the body to give a very severe shock or even to electrocute.

In order to receive a shock from a piece of electrical apparatus, the living body must come in contact with it at two points and so form an actual part of the circuit. In other words you would have to be connected with P at one end and N at the other end of our Figure I. But a housewife who is washing dishes in the kitchen sink may receive a severe shock when she reaches up one hand to adjust the drop light overhead. And how often we have read of the tragic, and too common, case of the person found dead in the bathtub, with one hand touching a heater or other electrical appliance. How can this happen with only one contact? Look at Figure III. It is the same as Figure I, except that a conductor is shown going from one terminal, or pole, of the generator, G, to a spot marked "Ground." That means that one point in the circuit is connected to the earth or is "grounded." This practice of grounding one side of the circuit, just as we have indicated, is almost universal on direct current lines. Alternating current lines are grounded so as to produce a similar result, but the method is a little more complicated. For your purpose, think of all circuits as in Fig. III. On the circuit, then, in your house one contact is with the earth and has the same potential, but the other has a potential about 110 volts higher than the earth. In Figure III, the voltage of A is 110 volts higher than that of B. Therefore, if any kind of a conductor, including a human body, should make a connection between A and the ground, an electrical circuit of fairly low resistance would be formed with a high voltage to drive the current through. In order to get a good connection with the ground, a person may be in any of several positions; either touching a water pipe or a steam radiator whose pipes lead down to the ground, or standing with bare feet on a wet floor. In the case of the bathtub accident, the water and the pipes form the connection. If the resistance is low enough so that as much as one-tenth of an ampere flows through the body, it may cause death. So it is well to remember that while it is quite true that electricity will not pass through a conductor without an outlet as well as an inlet (what is called a bi-polar contact), the earth often acts as the outlet, and thus a bi-polar contact is obtained by the one contact with the high voltage, or ungrounded, side of the line. A person standing on a rubber pad, a glass plate, dry wood, etc., is insulated from the earth, and is safe from shocks so long as he makes contact with only one part of an electrical apparatus. All portable apparatus should be designed so that the part of the circuit contained within the apparatus itself is thoroughly

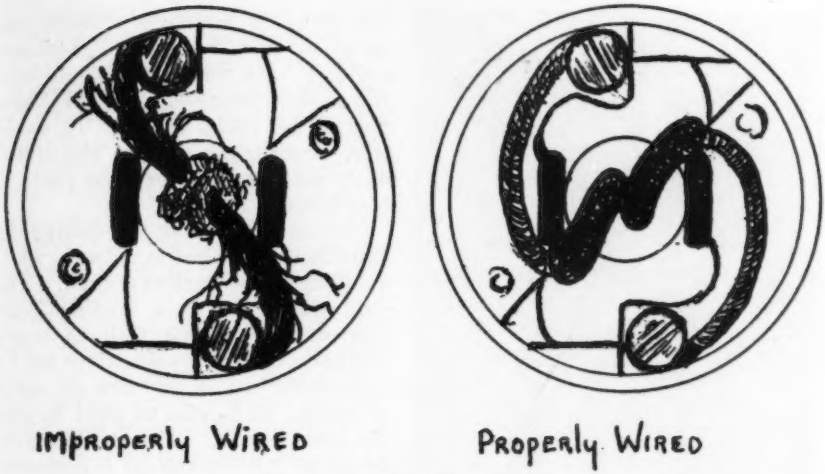


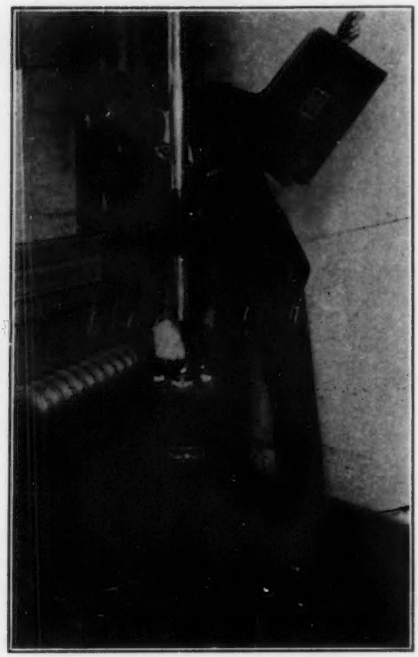
FIGURE V

insulated from the framework, and it is impossible for the operator to make contact this way. But it is never safe to assume this is true unless thoroughly familiar with the apparatus you are handling.

As a first precaution, then, be careful to keep any electric apparatus away from possible "grounds." This means that any appliances used in a bathroom, including lighting fixtures, should be so arranged that it is impossible to make contact simultaneously with the apparatus and with any part of the plumbing, or with water contained in the bathtub, wash bowl, etc. Bathrooms and laundries are particularly dangerous in this respect because everything is so saturated with moisture that articles which would ordinarily be classed as insulators, such as rugs, towels, strings tied to lamp switches, etc., may become very good conductors. I have known a man to be severely shocked from switching a wet towel, by chance, against an electric lamp. Ordinary tap water is always a good conductor and is therefore dangerous near any electrical apparatus. Even if it does not happen to cause someone to be electrocuted, it may at the least burn out a fuse or cause a fire.

You may have seen lighted electric lamp bulbs used to heat liquids by immersing the bulb in the liquid. This practice is sometimes used justifiably in a physics laboratory, but it is exceedingly unsafe anywhere else. A slight defect in the bulb or socket would permit contact between the liquid and the high voltage side of the line, so that, should some unsuspecting person furnish even a poor connection between the liquid and the earth, he would be in danger of being electrocuted.

Next after plumbing fixtures, in point of dangerous possibilities of electrical grounds, come steam radiators. The most common mistake is to allow portable electrical apparatus to touch the metal of the radiator. If the framework of the device is insulated, as it is supposed to be, nothing happens. It if isn't, the result is a direct short circuit, with any of its various possibilities. Another very frequent



The operator of this ultra-violet lamp has carelessly pushed it against the radiator so that it is grounded. Furthermore he is making bi-polar contact with the apparatus, so that if either the switch or the insulation in the hood is defective, the current would be short-circuited through his body.

mistake is to inadvertently touch the radiator with one hand, while holding a poorly insulated vacuum sweeper handle, or drop light, in the other. This is never a safe thing to do, and it often proves fatal.

Gas pipes are another possible cause of an electrical "ground." Moreover, electric sparks in the vicinity of a gas pipe may cause an explosion. There are other less obvious ways of making contact with the earth from an ordinary room. Radio sets, metal framework, telephones, bell wires, etc., are among the things which *may* be dangerous. When you feel the least doubt, move the apparatus on to the middle of a thick rug, or a perfectly dry floor. Then you are quite safe, unless you should happen to place your body so that it forms part of the useful circuit. To avoid this, never make contact simultaneously with any two exposed parts of the circuit.

No one would think of touching the third rail of an electric railway, while standing on the track or ground. The cord that goes to a reading lamp carries at least one fifth as much voltage, and in many situations can be practically just as effective an agent of death. It is wise to treat it with the same respect. The question may be asked: "What voltage is necessary to electrocute you?" This depends on the individual and on many factors. Any voltage is dangerous if the opposing resistance is low enough to allow a few thousandths of an ampere to flow through the body. Practically all body resistance is on the surface of the skin. If the skin is moist, conditions may be such that 110 volts would cause death. In fact, even 55 volts has been known to do so. Take no chances. A 6-volt battery cannot electrocute you, but if it is short-circuited it can cause a fire as quickly as a 110-volt outlet.

Ordinary household circuits are fitted with fuses designed to burn out or "blow" when the total current drawn from the circuit exceeds 10 amperes. Special circuits of any kind should be fitted with fuses of capacity suitable to the size of the line. When replacing burned-out fuses, great care should be taken to see that the new ones are of the proper size. If they are too large they are, of course, no protection because they will not burn out. The current carrying capacity is clearly marked in amperes on any fuse. For example, a fuse designed to blow at 10 amperes is marked 10 A on

the front, and the number 10 is stamped on the contact on the back or tip end of it. The maximum voltage for which it is designed is also marked on the front and appears as 125 V in the case of a fuse designed for a 110 volt current. However, a 250 V fuse, or anything higher, would be all right, provided it wasn't more than the required current capacity. The current rating is the important thing to look for on a replacement fuse.

If you ever have to take the responsibility for any system of electrical current in a home or hospital, you should make yourself familiar with it. It is important to know what kind of current it is, because a D. C. (direct current) motor will not operate on an A. C. (alternating current); and certain A. C. devices will be ruined if plugged in on D. C. Although from the standpoint of the user their general behavior is much the same, there are certain differences to be pointed out. On standard house circuits, each has a voltage of approximately 110–115 volts. Incandescent lamps and heating devices work interchangeably on either supply. Electric motors are usually made specifically for D. C. or A. C. and are so marked on their name plates. Certain small motors are of a type called the universal, and as the name implies may be used on either kind of supply.

In case you are working with some special kind of apparatus, on either D. C. or A. C., you should ascertain whether it contains any device such as an induction coil or a step-up transformer, which would increase the voltage above that of the supply. If that is the case, it requires very careful handling and more attention must be given to its insulation. The ordinary A. C. radio set is an example. X-ray outfits and certain electro-therapeutic devices also come into this class. Usually, of course, suitable instruction is furnished with such specialized apparatus, and so they are of only passing interest here.

I have tried to give you some general principles, but it is obviously impossible to lay down a set of rules to fit every possible situation. If you apply these principles to specific situations as they arise you will, after all, have precisely the kind of protection possessed by the electrician.

A Canadian Publication

THE History of Nursing Society of the School for Graduate Nurses, McGill University, under the auspices of the Canadian Nurses' Association, is publishing a very interesting booklet on the pioneer nurses of Canada. This consists of illustrated biographical sketches of representative pioneers selected by the various provincial associations, whose professional careers have been outstanding in the different centres in which they lived.

The cover design is a most original one by a member of the History of Nursing Society, Marjorie Dobie, of the Royal Victoria Hospital School of Nursing, Montreal, depicting the development of Canadian nursing from the past to the present time.

This publication is dedicated to the memory of Flora Madeline Shaw, late Director of the School for Graduate Nurses, McGill University, an outstanding pioneer in nursing education in Canada. Miss Adelaide Nutting, Professor Emeritus of Nursing Education, Columbia University, has very kindly contributed an introduction to this account of the lives and work of Canadian nurses.

It is the hope of the History of Nursing Society that this publication may act as a stimulus to forward the compilation of material for a History of Canadian Nursing, which is one of the needs of the profession in Canada today. Any profits arising from the sale of this booklet will be used to assist in this matter.

This publication may be obtained from the Secretary, School for Graduate Nurses, McGill University, Montreal. It may also be had by visitors at the International Congress in Montreal. The price is one dollar.

Excerpts from the Report of the Chief Examiner[1]

CAROLINE V. McKEE, R.N.

UNDER "conditions of schools of nursing in Ohio," we note: Nine new nurses' homes; four additions to old homes; director of physical education in five schools; sixty-five full-time instructors; seventeen part-time instructors. (Figures do not include university schools and do not include physicians who give lectures.) Ten schools have university relations, either by being a part of a university, or by student attendance, they obtain university credit for work covered. The seventy-three schools are located in hospitals totaling 12,098 beds with a daily average of 9,297 patients. The total number of student nurses is 4,021, an increase of 282 over last year. Graduate staff nurses in these hospitals number 1,061.

Another way of stating the above figures is: One patient for every one and one-third hospital beds; two patients for every student nurse per day; nine patients for every staff nurse per day.

Just how many nurses should be graduated in Ohio each year to keep up the supply and yet not overproduce nurses, is a question for the communities, trustees of hospitals, superintendents of hospitals, and principals of schools of nursing. We believe that this is a problem for the hospital located in the city, first, and then for the smaller community to determine. It seems to be no longer a question of filling the nurses' home nor of manning the hospital wards with students.

[1] Read before the meeting of the Ohio State Nurses' Association, April, 1929.

The Curriculum

THE state curriculum has a ratio of one hour theory for every fifteen hours' practice, as a minimum. Ninety-four per cent of the schools give far more teaching hours than this ratio, based on 1,095 days, or three years, and an eight-hour day. Forty-two schools have a ratio of one hour theory for every ten hours' practice. (University schools are not included in these figures.)

Certificates of preliminary education were issued during the year as follows:

College degree	18
High school graduate and part-time college	35
High school graduates	1,842 or 79%
Five to fourteen units of high school	293
One year high school	158
Entrance examination	3
	2,349

FURTHER ITEMS OF INTEREST

1. 50 per cent of the students do not finish training.
2. Of the 4,021 student nurses in the state, 3,161 are in the city schools.
3. A few schools have adopted the plan of admitting one class yearly.
4. Last year 1,112 nurses were examined; 1,000 of these came from hospitals having more than seventy-five beds.
5. 6.6 per cent of the nurses failed.
6. 70.7 per cent were high school graduates.
7. The Nurse Examining Committee has refused registration to 465 nurses since the enactment of the Law.
8. 90 per cent of the hospitals in the United States are conducting a three-year course, according to the A. N. A. report recently published.

Some of Montreal's Expected Guests

The International Council of Nurses

IN its thirty years of existence the International Council of Nurses has had just six presidents: Mrs. Bedford Fenwick [1] of England whose brain child it is; Sister Agnes Karl [2] of Germany; our own Dean Annie W. Goodrich; Mrs. Henny Tscherning of Denmark; Baroness Mannerheim [2] of Finland; and Nina D. Gage, the present President, who was elected as a representative of China at a time when that country hoped to be the hostess of the Congress this year. Those who have been presidents are now honorary presidents. The Council has three honorary members: M. Adelaide Nutting, whose brilliant record needs no encomiums from the present writer; Lavinia L. Dock who, as Honorary Secretary, from the inception of the International Council until 1922, "exerted an immeasurable influence, both on the promotion of international friendship and on mutual understanding and coöperation"; and Margaret Breay, who was Honorary Treasurer of the Council from 1904 to 1925. Hers is one of the names imperishably associated with the I. C. N., for she, as a Foundation Councillor, has been active from its very beginning when she was a member of the Provisional Committee, which drew up the Draft Constitution. Miss Breay, for many years, has been Assistant Editor of the *British Journal of Nursing*.

The Board of Directors of the Council is composed of the presidents of the affiliated national organizations, and the five elected officers, the President, First Vice President, Second Vice President, Treasurer, and Secretary. This Board and the Grand Council provide the legislative and administrative machinery by means of which the Council conducts its far-flung work. The voting body of the International Council of Nurses is made up of these and of an "Associate National Representative" from each of twelve countries not yet sufficiently organized to affiliate. The American Nurses' Association will be represented by its President, S. Lillian Clayton, and four delegates—Elizabeth C. Burgess, President of the National League of Nursing Education; Mrs. Anne L. Hansen, President of the National Organization for Public Health Nursing; Adda Eldredge (alternate Elnora Thomson); and Susan C. Francis, Secretary of the American Nurses' Association (alternate Jane Van De Vrede).

JEAN I. GUNN

The *Journal* presents herewith a few of the distinguished women who are expected to attend the meetings in Montreal, but pictures of our more familiar friends are omitted for lack of

[1] See *American Journal of Nursing*, January, 1929.

[2] Deceased.

E. M. Musson

space. As the President, Miss Gage, is now Executive Secretary of the National League of Nursing Education and is so very well known to all American nurses, we shall not recapitulate her distinguished record.

Nor can words of ours add lustre to the record of Clara D. Noyes, Director of American Red Cross Nursing Service, who is First Vice President. Miss Noyes' work with the schools of nursing which the American Red Cross aided in post-war Europe helped to make her a true internationalist.

Jean I. Gunn of Canada, the Second Vice President, is Principal of the Toronto General Hospital School of Nursing. She is one of the valiant and persistent folk to whom the profession owes so much that is truly substantial and whose work is fundamental to its progress.

Miss E. M. Musson of England, the Treasurer of the International Council of Nurses, was graduated from famous old St. Bartholomew's. She has retired from active practice with a brilliant record in training school administration and as a Principal Matron of the Territorial Force Nursing Service. However, as Chairman of the General Nursing Council, the nurse-accrediting agency of Great Britain, she is extremely active in her profession. She was a founder member of the College of Nursing, Ltd.

Christiane Reimann of Denmark, the indefatigable Secretary of the International Council of Nurses, who has made the Headquarters in Geneva a true international center of nursing information, is well known in this country as she has spent much time with us; she was an outstanding figure at the Detroit Biennial in 1924.

The National Council of Nurses of Great Britain has had but one president in its history, Mrs. Bedford Fenwick, who is also Editor of the *British Journal of Nursing* which has worked

Cornelia Petersen

through the years for state recognition or registration for nurses with courageous zeal and persistence. Mrs. Bedford Fenwick is President, also, of Britain's latest major professional achievement, namely, the British College of Nurses which has an endowment of about a half million dollars "for the benefit of trained registered nurses."[3] The four delegates are: Margaret Breay, Helen M. Pearse, Miss Cox-Davies, and Mrs. Lancelot Andrews. Helen M. Pearse, the Honorary Secretary, was, in 1907, appointed Superintendent of School Nurses under the London County Council, the first nurse in the world to hold such a position. The work has grown enormously under her direc-

MLLE. HELLEMANS

tion. Miss Pearse is active in professional organizations and is a keen internationalist.

[3] See *American Journal of Nursing*, March, 1929.

MLLE. C. MECHELYNCK

Mabel F. Hersey, Superintendent of Nurses of the School of Nursing connected with the Royal Victoria Hospital, Montreal, who, as President of the Canadian Nurses' Association, will have the honor of representing Canadian nurses at the International Congress of Nurses' meeting in Montreal, July, 1929, is widely known and highly esteemed on this continent in connection with her many activities in the advancement of nursing education.

A Canadian by birth and education, she graduated from the Royal Victoria Hospital, Montreal, in 1905, after which she acted respectively as Head Nurse, Night Supervisor, Assistant Superintendent of Nurses, and, in 1908, was appointed Superintendent of Nurses, which position she still holds. Last summer Miss Hersey resigned from the presidency of the Association of Registered Nurses of the Province of Quebec to accept the position she now holds in the Canadian

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Nurses' Association. She is an active member on the Committee of the Montreal Graduate Nurses' Association and the Victorian Order of Nurses' Local Committee; she was keenly interested in the establishment of the School for Graduate Nurses at McGill University, which school she still serves in an advisory capacity. Her keen interest in nursing affairs and the welfare of all nurses, besides her sound advice and wise counsel, always so readily given, makes her a valued member, not only in her own community, but in the profession at large.

On two occasions Miss Hersey has attended the International Congress of Nurses, once in Cologne in 1912, and again in Helsingfors, in 1925.

Those who attended the Helsingfors meetings will remember the gracious personality of Charlotte Munck, President of the Danish Council who, like Miss Gunn of Canada, is a graduate of the Presbyterian Hospital of New York. Miss Munck, unfortunately, is not able to attend this Congress; she will be represented by Cornelia Petersen, who is author of the first history of nursing in Danish. Miss Petersen has lived in England, also. She has been engaged in visiting nursing and mental nursing, and is now Director of the Municipal Hospital School of Nursing in Aarhus.

The Norwegian Nurses' Association will be represented by its President, Sister Bergljot Larsson, who founded "Norsk Sykepleierskeforbund" in 1912. She is editor of the official magazine and administrator of the Association. Sister Bergljot has studied nursing in several countries and has practiced as administrator and as private duty nurse. She is a member of various national organizations, including the Medical Association, and will represent her country at the International Hospital Association in Atlantic City.

H. E. SHIH HSI EN

Mlle. Hellemans, President of the National Federation of Belgian Nurses is Director of the St. Elizabeth School for Nurses in Malines. She is an ardent patriot and gave splendid war service. Cecile Mechelynck, first Vice President of the National Federation of Belgian Nurses, is Director of the Visiting Nurse Association of Belgium.

Lillian Wu, President of the National Association of China, had hoped to welcome the Congress to her own country. She is a graduate of the Johns Hopkins Hospital School of Nursing and is the first Chinese nurse to become superintendent of a registered school of nursing entirely under Chinese management, the school of the Red Cross General "Hall of Healing" at Shanghai. Miss Wu won many friends by her charm and modesty at Helsingfors. China will have its full quota of delegates at Montreal, the other representatives being: Mr. Kuo Jung Hsun of the Peking Union Medical College Hospital, and Chairman of the Headquarters Committee of the Nurses' Association of China; Ruth Ingram, the American-trained Superintendent of Nurses in the same institution; Miss Shih Hsi En, the scholarly General Secretary of the Nurses' Association of China who prepared herself in China and in this country for her life work and who has familiarized herself with, and has practiced in, all branches of nursing; and Agnes Chan, graduate of a Toronto school of nursing, Superintendent of Nurses of the Wesleyan Hospital, Fatshan, China, and Vice-Chairman of the Educational Committee of the Nurses' Association of China.

BOIANA CHRISTOVA

L. L. (MRS. W. G.) BENNIE

South Africa will be well represented by the President, Mrs. W. G. Bennie, and three others. Mrs. Bennie is a South African by birth and training, and has given unsparingly of her time in travelling over her country in the interest of nurses. She is active in

MARTINA GUEVARA

many women's organizations and in those dealing with maternity and child welfare.

The other representatives will be Miss Gordon, Member of the Executive Committee; Miss Mitchell; and Miss Horn, President, Kimberley Branch.

Ann S. Gordon, a Scotchwoman trained in England, who is Matron of the Victoria Nurses' Institute, Cape Town, is one of the several speakers on Private Duty Nursing. Alexandra McDonald Mitchell, a native of New Zealand, is a "Plunkett" nurse who was invited to organize similar work in South Africa and is Matron of the Cape Town Mothercraft Training Center. She will contribute to the program of the Public Health Section.

The names of Helen Scott Hay and Rachel Torrance are imperishably associated with nursing in Bulgaria, but the nurses of that country have profited so greatly by their teaching that the Bulgarian Nurses' Association is already wholly in the hands of Bulgarian nurses. The President, Boiana Christova, who has had postgraduate work in this country, will be represented by Zafira Majdrakova, who has been studying American methods at the Yale School of Nursing and other places on this side of the Atlantic.

Last year, Martina Guevara, President of the National Nurses' Association of Cuba, received a gold medal from the Cuban Government in recognition of twenty-five years of continuous service. She has had wide administrative experience in both public health nursing and in nursing schools. For the past several years, following postgraduate work in New York, she has been instructress for three schools in Havana. Miss Guevara was one of the organizers of the Cuban Association, and has held various offices. She represented Cuba at the Louisville

MLLE. CHAPTAL

Biennial. Hortensia Perez Llerena, who will also participate in the program, is Chief Nurse of the Central Office of Government nurses in Cuba.

The National Association of Trained Nurses of France, like those of Bulgaria, Cuba, the Irish Free State, and Poland, was admitted to the International Council of Nurses at the Helsingfors meeting in 1925. Mlle. L. Chaptal, a social worker of note, is also Directress of the "Rue Vercingetorix" School of Nursing in Paris, which is just completing an important building program. A recent mission for the League of Nations took Mlle. Chaptal, in her capacity as a social worker, to Geneva, Rome and London, and delegated her also to attend the conferences in this country in May. National recognition, through state examinations, was won by French nurses in 1922. The national organization, under Mlle. Chaptal's brilliant leadership, met for the first time in 1923, and extraordinary educational progress has been made since that time. The four delegates are as follows: Mère Catherine d'Ornellas is Vice President of the National Association of Trained Nurses of France, Assistant General Superintendent of the Order of St. Joseph de Cluny, state-diplomæd registered nurse, decorated with the Legion of Honour, and has for twenty-three years been Superintendent of the Nursing Service of the Hôpital Pasteur (attached to the Pasteur Institute). Mlle. M. Greiner, Assistant Secretary of the National Association, is Director, School for Child Welfare Nurses of the Medical School, University of Paris. Mlle. Greiner is one of the thirteen nurse members of the Council on Nursing Education under the Ministry of Hygiene. Mlle. Antoinette Hervey was trained at the Florence Nightingale School, Bordeaux, and has for a number of years

ALICE REEVES

MLLE. JEANNE DE JOHANNIS

NELLIE HEALY

held the position of Director of the Visiting Nurses of the Department de la Seine-Inférieur, Rouen. Mlle. Hervey is the French member of the Public Health Committee of the International Council of Nurses. Mlle. Jeanne de Joannis, Secretary General of the National Association of Trained Nurses of France, is Director of the Rue Amyot School of Nursing (L'École Professionnelle d'Assistance aux Malades), Technical Adviser to the Central Nursing Bureau of the Ministry of Hygiene, and member of the Council on Nursing Education under the Ministry of Hygiene. Mlle. Joannis has an excellent professional education, having, in addition to her training in the Rue Amyot School in Paris and other courses in France, studied in England, Germany, the United States, and Switzerland. For her very prominent work in the Balkan States during the war she received a number of decorations from several countries. She is considered one of the greatest experts on nursing education in France, and is also much interested in private duty nursing, having started various undertakings in this sphere. She is the Chairman of the Private Duty Nursing Committee of the International Council of Nurses.

Alice Reeves, President of the National Council of Trained Nurses of the Irish Free State, is Superintendent of Nurses at Dr. Steeven's Hospital, Dublin. She will be represented at Montreal by Nellie Healy, the alert Assistant Superintendent of Child Welfare in Dublin who is also keenly interested in midwifery. She represents public health nursing on the General Nursing Council of the Irish Free State.

Much of the story of nursing development in Poland is familiar to American nurses because of the brilliant work of Helen Bridge and other American

JADWIGA SUFFCZYNSKA

JESSIE BICKNELL

VENNY SNELLMAN

MRS. KARIN NEUMAN-RAHN

SISTER BERTHA WELLIN

CECILIA MCKENNY

nurses in that country which now has a self-governing organization controlled by the Polish nurses themselves. Miss J. Romanowska, the President, is a graduate of the Warsaw School and is an instructor and Supervisor of Public Health Nursing in one urban and four rural centers. The Secretary, Miss Jadwiga Suffczynska, who will represent the Association in Montreal, is also a graduate of the Warsaw School and has had postgraduate work in London. She is Superintendent of Red Cross Nursing in Poland.

Miss J. Serton, of the National Association of District Nurses of Holland, will be chairman of a Round Table.

Jessie Bicknell of New Zealand hopes to be a representative of her country at Montreal. She is Director of the Division of Nursing, Department of Health. She is also Chief of the Army Nursing Service. Cecilia McKenny has been Matron of Wanganui Hospital since 1906, with a few years' leave for service during the war. Her active participation in measures for nursing progress in New Zealand has made her prominent in the national nursing organizations.

Emma Aström is President of the Nurses' Association of Finland and will speak for Europe when the farewell addresses are given on the last day of the Congress. Mrs. Karin Neuman-Rahn is Director of the Preliminary Course, School of Nursing, at the Maria Hospital, Helsingfors. She is also Secretary of the National Organization for Mental Hygiene and is the author of a work on that subject. She will convene the new committee on Mental Hygiene.

Venny Snellman, the most prominent public health nurse in Finland, is Director of the Nursing Service of the

BERGLJOT LARSSON

League of Child Welfare. She is already in this country and characteristically is making a study of public health methods. She will take a prominent part in the public health program. Any mention of the nurses of Finland recalls glowing memories of the last Congress.

The Swedish Nurses' Association is not affiliated to the International Congress of Nurses and therefore cannot send official delegates, but it will be represented. Sister Bertha Wellin, its President, is a member of the Swedish Parliament and a woman of outstanding vigor and ability.

Catharine Frances Slater of India is one of those who will give farewell addresses, representing Asia at the closing session. Trained in England and Ireland, she has spent most of her life in India, where she is now doing district work with the Dublin University Mission.

Adventurous Private Duty at Pierre Part, Louisiana

BERENICE SERPAS, R.N.

A GREAT many nurses dislike calls to do work in the country. Considering the inconveniences and lack of facilities they are frequently called upon to face, one can hardly blame them. I, however, like country calls. I find them sometimes a liberal education and often an adventure, as witness my recent visit to Pierre Part.

The small fishing village of Pierre Part has about 300 souls and is situated on the shores of beautiful Lake Verret in the southern part of the state. It is not over fifty miles from New Orleans "as the crow flies" but I was forced to travel over eighty miles to get there by the only available route.

One cold February morning, I boarded one of the Teche Company's palatial buses in New Orleans at 11. We reached Napoleonville after three hours of pleasant riding through what people who live there call "Nature's Wonderland," the charming Bayou Lafourche country. From there I was conveyed in an auto ten miles inland, through huge sugar plantations with their innumerable negro laborers, reminiscent of the storied South before the Civil War. Finally we entered a picturesque forest of stately cypress and moss-grown oak, bordering the lake. There were miles of twisting, winding road through this, accompanied by the cheerful chirps of birds and the solemn croaking of frogs. Finally a clear patch of blue ahead—a few houses—a small pier—the lake.

Directly to the small boat landing we drove and disembarked. Our arrangements had been well timed, for as we arrived we saw coming to us a small but powerful motor launch of the latest design, a beautiful white thing which seemed endowed with life as it skimmed the surface of the clear water with the grace of a swan. As it came to a stop, its only occupant relinquished his post as captain-engineer-pilot to tie up to the pier. He was a tall, raw-boned, unshaven, barefoot, swarthy son of the woods, dressed in the customary blue jeans and "jumper." Looking up, he addressed me in an inimitable jargon of broken English: "Youse de lady fum Niauw 'leens?" When I admitted the

allegation he informed me he was come to "tote me to the sick lady."

Deserting the auto at this point, I joined him in the pretty little boat for what proved to be one of the fastest and most thrilling boat rides of my young life. We headed straight across the deep blue and of course were soon out of sight of all land. The width of the lake, as we crossed it, is about ten miles. In less than thirty minutes we were across. The weather was calm, but traveling at that terrific speed I was kept very busy dodging the spray, as the launch, under the steady, sure guidance of that experienced pilot, failed in a thousand threats to head straight downwards. Once, just before we came in sight of land again, my escort, by way of making conversation, calmly told me that this very boat had sunk just two days before in the same waters. Of course this reassured me not a bit.

Entering the bay of Pierre Part, whose skyline from the water cannot be called imposing, even by courtesy, we came up to the boat landing before the most pretentious of the three or four dozen residences of which the village is composed, the home of Mr. S., whose wife lay ill unto death with pneumonia. Almost the entire populace lined up on the shore to witness our arrival and I felt exactly as comfortable as one does in a bad dream with a thousand silent critical eyes turned on one. I seemed to them a most unusual being from another world. I assure you I did not relish the publicity, in fact, my temerity and embarrassment almost beclouded my perception of the quaint picturesqueness of the charming little village before me, the small wooden houses built up on high pillar-like stilts—a precaution against the encroachment of high water—the profusion of boats and skiffs and other water craft, the men, women and children barefoot, dressed in our nearest contemporary approach to homespun; their small stature was a reflection of their French and Arcadian ancestry, the hard-lined features told a collective story of poverty and want, the unsightly and insanitary living conditions and surroundings were hopelessly inadequate. All these things strike one at a glance.

But to go on with my story. I entered and found Mrs. S. in as bad a condition as she had been pictured to me. Under very adverse conditions (for instance, her doctor lived in Napoleonville, and the nearest telephone was across the lake) I worked hard and long. Between Monday and Thursday I slept only four hours. Despite our best efforts, however, Mrs. S. departed this sphere on Thursday. I was exhausted, and heartily accepted the kind offer of food and rest from Mrs. D., an exceptionally well educated Frenchwoman, the sister and housekeeper of the resident Catholic priest. Mrs. D. enjoys the distinction of being the only woman in the place who can read and write; a few of the men can. This illiteracy is fast being ameliorated, for there are now two fine small graded schools in the community. Her calm resigned acceptance of her isolated condition was to me a lesson in serenity.

After sleeping the clock around, I started my eventful journey homewards and felt I had seen and learned much.

The I. C. N.

HAVE you subscribed to the international magazine, the *I. C. N.*? The July number will be an historical one and every nurse should have it. The subscription, $1 a year, may be sent to the Secretary of the International Council of Nurses, Miss Christiane Reimann, 14 Quai des Eau Vives, Geneva, Switzerland.

Acidosis and Its Therapeutics

BERTHA M. WOOD

THE greatest physical need in this country today is the prevention and cure of intestinal stasis and acidosis. These two conditions are the background on which much of the ill health of the present day is built. In 1923, a physician stated that his investigations had shown that the average expenditure of the people of the United States for cathartic drugs was over fifty million dollars a year, which fact shows plainly what was at that time, without doubt, a very common treatment for the first-named condition. Today the same practice is all too prevalent.

There are two kinds of acidosis. The one which is produced by the incomplete oxidation or burning of fat will be considered first.

The popular tendency among a certain group of people to use a so-called "reducing diet" has frequently been the means of producing this form of acidosis.

When one fasts, acid products accumulate rapidly in the blood for one is then burning the substances of the body tissues and phosphoric and sulphuric acids are liberated without having bases to neutralize them except as these are taken from the blood.

Fats cannot be consumed in the body without the burning of sugar. When starches are taken into the body they are converted into sugar as the result of digestion and help to furnish the medium in which fat is burned. This means that if starch and sugar are not taken into the body in sufficient amounts, the fat of the body is incompletely burned and will contribute to, if not cause, acidosis.

Again, acidosis results when foods which have an acid reaction are taken in excess. When burned, the result is persistently acid because of a high content of elements which yield phosphoric, sulphuric, and hydrochloric acids. When this occurs the partly neutralized acids are eliminated in highly acid urine.

Dr. McCollum tells us that "the kidneys have a remarkable power to excrete into the urine large amounts of waste products, but this cannot be continued indefinitely without serious detriment to the health."[1]

If acid-producing foods predominate excessively over the alkaline or base-forming foods for a great length of time the result will be acidosis.

There are certain symptoms of a gastric disturbance which generally accompany acidosis, such as "sour stomach," "heartburn," and headaches. Acid urine and frequently high blood pressure may also accompany this condition. There may be a rash on the skin caused from "acid sweat."

If acid-producing foods predominate excessively over the alkaline or base-forming foods for a great length of time, the result will be acidosis.

Taking the old-fashioned remedy, "a pinch of baking soda in a little water," does not remedy the condition nor prevent the cause. It is not true that what one likes is always good for one. If an educated conscience is necessary, an educated "taste" is equally required.

The widespread custom of eating diets which have insufficient alkaline-forming foods, in proportion to the acid-forming foods, is the cause of much of the chronic fatigue of the busy man or woman. The practice of eating in moderation both the alkaline-and acid-forming foods is

[1] "Food, Nutrition and Health."

profitable. Both kinds are needed and should be taken in such proportions as will give a slight excess of alkaline-forming elements in the diet.

The right kind of a diet is the most important foundation on which to build health. Bad results from faulty diet habits may not occur immediately but in time trouble begins. It is so in all nature. Wrong nourishment brings wrong results.

If it seems like a great deal of trouble to select the right kind of food combinations, consider also how much trouble is made when the selection is incorrect. Experiments have shown that when sodium bicarbonate (baking soda) is ordered for a patient, it invariably proves that the diet is not properly balanced as to alkaline and acid-forming foods.

The following tables give the two groups of food to be considered in making this balance satisfactory:

THE ACID-ASH FOODS

Beef, lean	Fish
Bread, Graham	Oatmeal
Bread, white	Oysters
Chicken	Peanuts
Corn, sweet, dried	Pork
Eggs	Rice
Egg, white	Veal
Egg, yolk	Wheat

THE ALKALINE-ASH FOODS

Almonds	Lemons
Apples	Lettuce
Asparagus	Milk, cow's
Bananas	Muskmelon
Beans, dried	Oranges
Beans, dried lima	Peaches
Beets	Peas, dried
Cabbage	Potatoes
Carrots	Prunes
Cauliflower	Radishes
Celery	Raisins
Currants, dried	Tomatoes
Turnips	

The majority of vegetables, fruits, and nuts (with the exception of prunes plums, and cranberries) are alkaline in reaction. Emphasis must be placed on the fact that citrus fruits, oranges and lemons, *are in the list of alkaline foods.* Fruits and vegetables, taken liberally three times a day in the menu, will be a safe and sure way to balance the meat, eggs, cereals, and white bread consumed.

The following day's menus show good and faulty arrangements:

CORRECT MENU	INCORRECT MENU
Breakfast	
Apple sauce	Cereal
or	Rolls
Sliced orange	Egg
Rye bread, toasted	Coffee
Bacon	Butter
Butter	
Orange marmalade	
Glass of milk	
or	
Hot milk with postum	
Dinner	
Lamb chop	Roast beef
Delmonico potatoes	Potatoes, gravy
Baby lima beans	Macaroni and cheese
Pineapple salad with cream cheese and French dressing made with lemon juice and oil	Hot rolls and butter
Apple snow with chocolate wafer	Pie
Supper	
Cream of asparagus soup	Hot white flour muffins
Baked potato	Butter
Butter	Cold veal loaf
Creamed carrots	Pickles
Orange and lemon jelly	Rice pudding

By comparing these two sets of a day's rations with the preceding tables it is quite evident that because of the absence of fruits and vegatables the last menus are acid in reaction.

It is best to repeat that acidosis is one of the two causes of more ill health than any other, and by a little thought a habit may be formed of taking fruit and vegetables daily to overcome this difficulty and prevent acidosis.

The Head Nurse's Pivotal Problem[1]

MARY ELLEN MANLEY, R.N.

As someone has said, "Nursing has had a great past, it is enjoying a great present, and it is predestined to a richer future." And so it is with us, a greater responsibility is soon to be ours, that of fitting the student nurse to a career; a career as described is the growth of the individual in such a fashion that her own individuality develops; individuality, that irreducible unit. We shall deal largely with the younger generation which is dynamic and rightfully demanding. The process is one of building education around a career which includes the students' participation in its aims. She helps draw up the objectives; she has begun this by choosing a nursing school; she has a definite aim in life, she has chosen her goal.

From this beginning we must educate her in the sciences, teach her the skills of nursing and develop her nursing spirit.

As nursing schools, we have come to regard ourselves and to be regarded by others as educational institutions; the young girl who enters our domain is no longer considered as an apprentice or a person to be trained to certain duties, but as a student seeking out underlying principles (a process which involves thinking as opposed to mechanical habit, arrived at through meaningless drills and exercise) for performing prescribed treatments in the nursing care of her patient and accomplishing technics through thoughtful and intelligent pursuit of her work. For instance, when pursuing the art of massage the student learns how certain manipulation increases blood supply with consequent increase of oxygen supply, that waste is carried away, that the fat weight is lightened, pressure reduced, temperature increased, etc.; this serves to make her study more vital than if she were learning only the "mechanics of rubbing." Unless science aids practice, science teaching is a failure. It is our duty to keep functioning in the great laboratory of human experience, the hospital ward, that which is taught in the classroom.

All of a hospital nursing staff should recognize their responsibilities as teachers; none can avoid being propagandists either for good or for evil; education being spoken of, in a broad sense, as "constructive propaganda," propaganda recognized as certain phases of intellectual contact. All are teachers unconsciously, perhaps, for the nursing service of any institution is no better than it is made by its supervision, head nurse and graduate body; students *can't* be expected to perform duties more conscientiously or develop higher ideals than the examples set for them. "As the twig is bent so the tree inclines."

Some of the conditions necessary for teaching, as reiterated, follow:

1. Best teaching comes most directly from life's experience usually incidental, informal, the common everyday things in life.
2. Teaching is most effective when the student herself is engaged in some thing she regards as important.
3. The stronger the interest and the purpose, the more intense the learning.

Then doesn't it seem logical that the most effective teaching may be done on the ward? Perhaps incidentally. There is where the student's interest lies; she has chosen "nursing" as a

[1] As prepared for a head nurses' conference, Fordham Hospital, New York City, prior to the inauguration of a training school.

vocation; she wants to get to the bedside of the patient, here the greater part of her learning takes place; her ideals may be created, her spirit of service may be nurtured, her scientific attitude may be enhanced.

Especially are the duties of the head nurse increasing. She holds the pivotal position in the hospital today; she is responsible for the adequate care of her patient and his property, she is responsible for the care of hospital property and the general housekeeping of her ward, she comes in contact with the medical staff and the hospital superintendent; and finally, she probably comes in closer contact, for a longer period of time, with the student nurse than does any other member of the hospital staff, hence her opportunities are manifold. She then must needs stand as an ideal, a criterion, as an inspiration in the students' education—education, "that transfer of knowledge to conduct."

The head nurse commands the vantage point existing nowhere else, by creating the proper atmosphere on the ward. She imbues the student with zeal and healthy attitudes toward her work; by correlating social, medical and nursing information and treatment, she teaches the student that her patient is a member of a group with family, church and social ties which are an integral part of his being, and which may be used to hasten his recovery; by the use of morning reports, case assignment method of nursing, case records, case studies, bedside clinics, senior nurse practice review and other methods (all of which have been carefully worked out by experts in the field) the head nurse may be largely instrumental in producing the "socially efficient nurse."

The Thomas William Salmon Memorial

HON. GEORGE W. WICKERSHAM announces the establishment of the Thomas William Salmon Memorial to provide recognition to the scientist who has made the greatest contribution in the fight against mental disease during each year. Awards are to be national and international, and will provide for the wider dissemination of the knowledge of mental hygiene and insanity through coöperation with the New York Academy of Medicine in whose hands the administration of the $100,000 fund is to be placed.

The plan provides for a series of lectures to be given in various cities in the United States under the auspices of accredited scientific, medical or educational organizations. Provision will also be made for the publication and distribution of the lectures from year to year in order to make possible the maximum use of scientific knowledge which is being gained annually through the expenditure of millions of dollars on research and study in the field of psychiatry and mental hygiene by state departments, universities, foundations and individuals, which is now lost or obscure and not made available readily and quickly.

In this connection statement was made by Dr. William L. Russell that more hospital beds in the United States are being occupied by mental patients than by all other diseases combined.

The initial $100,000 for the establishment of the Memorial to Dr. Salmon is being contributed by his friends, associates and laymen actively interested in the fields of mental and nervous diseases. The Honorary Vice Chairmen of the Memorial are: General John J. Pershing, Dr. Nicholas Murray Butler, Rev. Harry Emerson Fosdick, D.D., Mrs. Helen Hartley Jenkins and Dr. John H. Finley. The movement was initiated by one hundred and fifty of the leading neurologists and psychiatrists of this country, who have associated with them leaders in the mental hygiene movement and in psychiatric social service and nursing fields.

Suggestions on the Use of the Record System Described in the May *Journal*

NINA D. GAGE, M.A., R.N.

HAVING decided that we ought to keep records of our students, how can we do it? Many of us have the responsibilities not only of hospital superintendent, and superintendent of nurses, but of anesthetist, operating supervisor, laundry supervisor, and chief dietitian, as well as of being on call at night. It is to save time of just such busy people that these records are being suggested. "They look so complicated, that only a large school with plenty of clerks to assist in the office could carry them out," says the tired superintendent, reading about them at the end of a fatiguing day. But by thinking a little, and planning the clerical work systematically, valuable hours out of the day may in the end be saved for the manifold other uses to which we can put them.

Think first: "What have I now for a record system? Can I find facts when I want them, or old letters with necessary information, or are they lost in the files?" Was it easy or hard to fill out the Grading Committee papers? Then if you think the new system would help you, subtract from the following suggested equipment that which you already have, estimate how much the new equipment would cost, and how much time and strength it would save you. Show this to your Board, or the hospital superintendent, and get them to approve the expense involved.

You would need for the school files a four-drawer, standard-size file (10½" x 12½" x 26½" inside dimensions), with the top drawer divided into four small drawers, to hold your 3" x 5" cards (Record S) for the address files of students, alumnae, students who have left, and for the file index cards which are described in the following article. These same four small drawers will last you for several years—ten or fifteen for a fifty-student school. These files may be bought from any good filing-equipment firm near you, but be careful not to let them sell you too many elaborate devices which are not necessary in a small office with no full-time filing clerk. The average price on a steel file of four drawers is about $55, new, counting the hospital discount. Wooden ones, rebuilt, with ball bearings for the drawers, so that you do not have to pull them out by main force when they are full of papers and heavy, can sometimes be bought for not more than $20. If these do not have the four small drawers at the top, as they probably will not, get the hospital carpenter to make you four box files, each with a drawer pulling out, this to be 4" x 5½" x 26½" inside dimensions; or get heavy fibre boxes covered with cloth, in a stationer's shop, shorter, but 4" x 5½" in width and height. These can fit on the top of your large file. You will then have the same effect as the steel file, not quite so compact, nor fireproof, but holding your records safely, and obtainable at a price within the reach of any hospital. The hospital engineer can put a strip of metal on hinges down the front of the file drawers, with a lock in the middle, or a padlock, so that the files can be locked with one motion, if you wish. This, too, would cost only the price of the padlock, and the metal strip.

Having decided on the small drawers

for Record S, plan the use of the large drawers. Buy manila folders (at any stationers' firm, where you buy your hospital letter paper), for not more than $2.25 a hundred. These are heavy enough to stand long wear. They have tabs, elevated above the top of the folder, on which may be written or typed the subject of the contents. These tabs are in the three positions, right, center, and left, for convenience in reading. To make their use easier, get alphabetical guides with letters on tabs higher than the folders. These should have some subdivisions under each letter (A to Am, An to Az, etc.) Inquire when you purchase the guides, and get a set of not less than forty or so. These are not expensive and can be bought at the same firm of stationers. Get one set for each drawer, and small ones for the small drawers. These so separate your material that you can find the desired letter of the alphabet much more quickly. Get your record forms from the National League of Nursing Education Headquarters, at 370 Seventh Avenue, New York.

With this equipment, costing not more than $50 with the wooden file, or $75 with the steel file, you are ready to begin to use the system. If you can add to this a built-over, portable, typewriter, and teach yourself to use it, you will save many further valuable hours, and much strength. $30 or $40 will buy a good "rebuilt" portable machine, which will last you for years. You can easily learn to use it by yourself; many people have done so in the midst of a busy life. Do not yield to the temptation of picking out words with one finger, but place your hands, and use all your fingers. In a month it will be easier to type than to write by long hand; and in two months, quicker. You will have legible documents and letters, with carbon copies, so that you know what you have said, and you will have reduced by two-thirds the time necessary for correspondence.

In installing the record system, it will probably be easier to begin with new students' records, as the students are admitted to the school. You cannot remake the system the first day, but must fit things into your daily work. Mark one folder "New applicants, February, 1929." Keep the papers about each applicant clipped together, and in the folder, in the order in which you receive them. When your correspondence is complete, if this student is rejected, put her papers in another folder, marked "Rejected applicants, 1929." Keep these papers a year or two, then destroy them. You may have second applications from some of these people when they think you have forgotten them, and the reasons for refusing them, or you may have inquiries about them. So it is well to keep papers, with your reasons for refusal noted, until you think all likelihood of questions is over.

For the accepted applicants, start the individual folders, marking them with the broad "lettering pen" or a stub pen, writing the name in large letters, so it can be easily seen. Use, as suggested before, waterproof ink. Decide here and now whether or not you prefer to put the last name first (Smith, Jane Lucile), or last name last, (Jane Lucile Smith), and keep to that decision throughout your school filing. Put all the papers about this one student in her folder, and put these in the drawer, or part of the drawer, marked "Preliminary." Have a separate part of the drawer, eventually, for "Juniors," "Intermediates," and "Seniors." As the student graduates, just change her folder to the alumnae drawer, and separate classes

by index guides with the year of graduation on them. Put your school records in the second drawer, the alumnae records in the bottom drawer, and the correspondence in the third drawer. Thus your three drawers, with the small drawers using up the top drawer, will last you for ten years or so. By that time you will need another file. In your drawer for general correspondence you will probably have one folder, "Curriculum," with a separate folder in the same section for each subject taught. In these folders you can put notes on new methods in that subject, communications from the instructor, etc.

When the new students come to the office to register, have them write all they can of their records—fill in their names, class numerals (year of graduation), address, date of arrival, etc. This will not make the records look so well as if one person wrote or printed them all, but it will save you many weary hours of writing. When the students have gone, it will be very easy for you or your assistant to file Record S in the small drawer; save I, in the front of the large drawer, to give out when you want Head Nurse Reports; put J near it, separated by an index card, for use at the end of the term; K in the front, too, separated by the index card, for convenient use at the end of the term; N for the end of the month; give P and F to the instructor and health director (or keep them in a separate box or part of the drawer if you have these offices too). Your system is now begun.

With students who have entered previously, you will fill out the records gradually, as they seem most necessary to you, and as you have time. This will take extra time, but for the younger classes will prove useful. Probably the Seniors will have only Record S, as it would rarely pay to take time to install the new system for them. With the Junior and Intermediate classes, Records I, K, N, and S will be the most valuable, with possibly F, the health record.

Having started your system, plan your day, so that a definite half-hour is allotted to record keeping, after rounds are made, requisitions signed, etc. Without a definite time fixed, unless you like to keep records, something else will interfere, and nothing be done. If you do things every day and every week, the time will not seem much. If you postpone, it will mount up, and seem interminable. *Have one definite day to plan for changing night nurses,* so that the routine of time off duty for those going on and those coming off will automatically function, without your always having to think of it. If you will take Friday, and post "Miss Jane Smith off night duty, 7 a. m., Saturday, Jan. 17. Duty, Sunday, 1 p. m. Ward II," and "Miss Mary Brown off duty Saturday, Jan. 16, 1 p. m. Night duty, Ward III, Saturday, Jan. 16, 11 p. m.," all will be easy. The students know when and how to follow the routine. If you keep people on night duty not too long a time, they will need only the day and a-half off to rest, and you will have help on busy Sundays, when people always seem so scarce. You can, on these Friday planning hours, jot down on the card S in the box on your desk the wards Miss Smith and Miss Brown are leaving, and where they are going. By planning every week, checking over your day-duty nurses, and seeing whether they are having the requisite experience as planned for everyone in the schedule for ward experience adopted, your Friday work will take hardly twenty minutes. Except for emergencies of illness or relief needed on busy wards, the other days of the week will take not more than five or

ten minutes. At the end of the month an hour, or later only a half-hour, will be needed to fill in the days on duty on what service. At the end of the term, two hours will probably be used for term records, from the instructor's reports, but the total for the year will not average more than six hours a month.

Your time slips can be kept clipped together by months and years. For a year these can go in a part of your general file. After that they will have to be stored in hospital space somewhere, if wanted for hospital records. You have your file of Record S (and the graduate side of this can be used for graduate nurses on your staff not alumnae of your school.) Record O will show details of days spent where. This gives you the permanent record of graduate nurses employed through you.

In this way records can be kept clearly and easily.

We should be glad of your report on how the system works out for you, and whether these records meet your needs, so that we may make the record forms useful to the greatest possible number of people.

"Which One Wears the Leggings?"

AT a prenatal consultation held in Hudson Falls, the obstetrical package advocated by the Division of Maternity, Infancy and Child Hygiene was carefully demonstrated by the supervising nurse, but the "reception" was poor in one case, for the question was asked, "Who wears the leggings—the doctor or the nurse?"—From *Health News* of the New York State department of Health.

School of Nursing in Cuba

IN January the Ministry of Public Health appropriated $12,472 for the School of Trained Nursing in the city of Santa Clara which began to function in February under the superintendence of Senorita Maria Regla Garcia, formerly assistant head nurse of the Calixto Garcia National Hospital in Habana.

League Publications

THE National League of Nursing Education has added to the list of publications announced in the March *Journal* the following:

Staff Education for Institutional Nurses, M. Cordelia Cowan, R. N..... 15 cents
The Out-patient Department as a Teaching Field for Student Nurses, Gertrude S. Banfield, R. N..... 15 cents

The League will add records, if there is enough demand for them. The reprinted Curriculum, with a few changes, will be ready for sale by the end of June. It is hoped not to have to raise the price. All orders will be gladly filled from 370 Seventh Avenue, New York, N. Y. Will people ordering from Canada or abroad please allow for exchange when sending money? The League has lost money on several items recently, because people have not thought in making their calculations.

Drawstrings

IT is annoying for physicians to have to try on two or three pairs of pajama trousers before they can find a pair that has come from the laundry with both ends of the drawstring exposed, so that the trousers may be drawn snugly around the hips.

As a general practice, knots are tied in the ends of the string and this eliminates the difficulty for a while, but after the trousers have passed through the rollers of a laundry two or three times, these knots become flattened and creep into the hem, thus the same difficulty presents itself again.

I have found that by cutting a small washer out of a piece of flat flexible rubber (These may be bought at any plumber's shop for 5 cents a dozen) and by pulling the string through a small hole made in the center of the washer, the ends of the string being tied into two or three knots, the drawstring will be prevented from creeping out of use. The rubber shield or washer as it passes through the rollers is pressed flat, but as soon as it emerges from the rollers it is as good as before. The laundering does not seem to affect the rubber in the least, and once the rubber washers are put on, they will last indefinitely.

The important thing to remember is that the drawstring should be long enough to allow for shrinkage.—"Keeping the Drawstrings on Surgeons' Operating Trousers from Sneaking Back into the Hem," by E. T. Hier, Operating-room Orderly, Bell Memorial Hospital, Kansas City, Kan., in the *Journal of the American Medical Association*, April 20, 1929.

Filing in the Office of a Small School of Nursing

This article was prepared in the Journal office to supplement Miss Gage's articles on the keeping of records. We are deeply indebted to Phoebe Gordon, Instructor in the University of Minnesota School of Nursing, for valuable suggestions received during the preparation of the article.

WHEN every provision has been made for the care of the students' records, the superintendent of a nursing school will still be confronted with the problem of disposing of a certain amount of miscellaneous material. This may include general correspondence, minutes of meetings, financial statements and statistics, and so on, and if the same individual holds the position of superintendent of the hospital, this will form a fairly bulky mass to handle. To simplify the approach to a decision as to how to dispose of this miscellaneous material, we may first get clear in our own minds a few general principles: *First*, some of that material must be kept permanently; *second*, a larger amount need be kept only a few weeks or months; *third*, it is not always possible to decide definitely at once in which of these two classes a given paper belongs; *fourth*, if a paper is worth keeping at all, it is worth keeping where it can be found; otherwise it is useless.

If these seem reasonable assumptions, we can decide how to keep these various classes of material. The suggestions offered will not apply to large school offices, with clerical assistance, filing clerks, and a system installed by experts. Our present effort is to save time and labor for the superintendent working alone, or with slight assistance, in a small school.

It is generally accepted that a heavy manila folder with a tab on top for lettering is the best container for miscellaneous papers. These folders must be kept in a drawer to fit them, and in order to find them quickly they must be separated by index guides of stiff pasteboard, bearing on their tabs the letters of the alphabet. In a school of less than fifty students, the general file will probably not be large enough to need more than 26 of these guides, one for each letter of the alphabet (or more probably 24, since X, Y, and Z are usually on the same guide). For a larger school it may be necessary to have the alphabet further subdivided into a larger number of guides, or even to have these subdivisions numbered, as many filing systems do, because it takes less time for the eye to find "72," a number which occurs only once in the series, than to find "Min," which has to be looked for along the line of other M's. The use of numbers, however, usually necessitates a more elaborate arrangement, with a card index of the file in which every name appearing in the file is given its proper number.

Let us prepare our General File drawer, then, with its alphabetical guides in place and a pile of empty, unlabeled folders before us. (These things can be ordered from any filing company and many stationers.) We know at once that we shall need at least one folder behind each guide, so we print a letter on each tab and stand the folder in place behind its guide. This will be the "general folder" for that alphabetical division. If any person, or committee, or topic, has enough material to justify it, we shall make a separate folder with its proper heading and place it behind the general folder, being careful to keep these extra folders in alphabetical order, so they can be found readily.

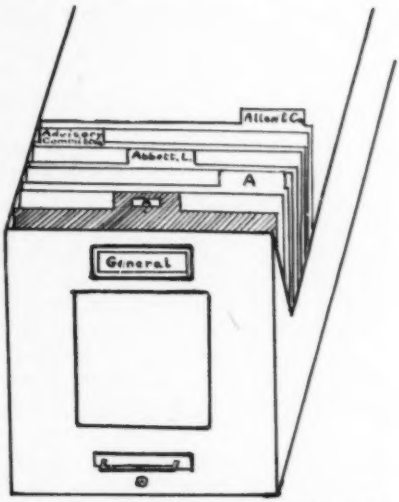
This gives us our provision for the permanent papers. Where shall we put those which we know or suspect will have only temporary importance?

If we keep a single folder or basket on the desk marked "Hold" or "Temporary," it will soon overflow and we shall have to search all through it every time we want a paper. We have to keep out unanswered letters in a basket on the desk, or papers for immediate attention, but once answered, or noted, they should be put away until again needed, or hopeless confusion results. Papers kept in a single "Temporary" container like this, accumulate rapidly because there is no way to check up when the time comes when any one paper could be thrown away.

A more satisfactory method has been found to be a set of twelve folders, one labeled for each month in the year. Keep this set before or behind your General File in the drawer, or in a deep drawer in your desk if you prefer it nearer. Decide on a definite period of time, say two months, for holding papers as temporary, and in filing, stick to it. Then, when you are filing and have a paper not definitely belonging in the permanent file, drop it in the folder of the temporary file which bears the name of a month two months distant. If you are working in February, drop it in the April folder; when March comes begin using the May folder, and so on. If you want a paper which came in February, or thereabouts, and it is not in the permanent file, you will look in the April folder. But after April first has passed, you should never have to look in that folder again until next year, because on that day (or as soon after as possible) you will have gone through your April folder and disposed of its contents. Probably at least 50 per cent of it is no longer of any value; a notice of a meeting that has taken place, an inquiry which led to nothing, or a business letter that has been taken care of and is not needed for reference. Destroy these. Some courage for the destruction of useless things is necessary to avoid cluttered files. If you find a letter or paper which has now become significant or valuable, such as the opening letter of what has grown into an important correspondence, put it where it belongs with the permanent material. If you find a doubtful paper, one which *may* be needed, put it ahead, into next month's folder, into May, and reserve your decision to await events. But leave nothing in April, and put nothing more than two months ahead, or you will soon get so many places where you must look for a thing that time will be wasted. The idea is to keep down to the smallest possible point the number of places you must search through when in doubt. During the month of March you should have to look in only two places for any temporary material, either in the April folder (things you put there in February) or in the May folder (things you are putting there in March). Of course it would be ideal to take time to place these letters in each temporary folder in alphabetical order so that they would be more quickly found, but in most small schools that is not necessary because there is not so much material that it cannot be looked through quickly.

Now that our folders are prepared for us to begin filing, we have to come to a definite decision as to what method we shall use in putting away material of so varied a nature and so hard to classify. There are two possibilities open to us: to file strictly alphabetically, with every piece of correspondence under the name of the writer; or to file only by subjects, labeling our folders Acknowledgments, Advertising, Affiliation, Appointments, etc. There is something to be

said for each system, but each one may lead the inexperienced filer into difficulties. If you want to look up a certain subject and forget the name of the man who wrote about it, you are helpless if your letters are all filed alphabetically under the writer's name. On the other hand, if a person has written you several times and on various topics, you might have to search through many subject folders to find the particular letter you wanted; and suppose he wrote on two subjects in the same letter? We must make some provision for these situations. Consultation with several superintendents seems to show that the most practical system is a combination of both name and subject filing, with a method of cross references to help out. Perhaps the best results may be achieved by going on the principle that you will file all letters alphabetically by the writer's name—and then modifying that rule by sometimes placing under the writer's name, instead of the letter itself, a sheet of paper telling where the letter is. For example: Mrs. Alfred Emmons of the Board of Directors writes you fairly often on many topics. She has a folder headed *Emmons, Mrs. Alfred*, filed behind the E guide. In that you put her letters, *unless* they refer to some activity which has its own folder. If she writes about the Students' Self-Government Association, for instance, and that has its own folder, you will put her letter in the Students' Self-Government Association folder, and in her own folder you will put a sheet on which you note, *See S. S. G. A. for letter of 2/24/28*. For subsequent letters on the same subject you need not use another sheet of paper, but simply add the date of the letter on this sheet. But suppose she had written you about several topics in the same letter, and only one



THE GENERAL FILE IN A SMALL SCHOOL

paragraph referred to the Student Self-Government Association? If you put the letter into the Association's folder, you will lose track of the rest of its contents, so you put your cross reference sheet into the Student Self-Government Association folder, inscribed *See Emmons, Mrs. Alfred, 2/24/28, for suggestions on discipline* (or whatever it was), and you put the letter itself in Mrs. Emmons' folder.

Do not forget that letters about students, prospective, present, or graduate, go into your school record system, as described by Miss Gage, but if such a letter mentions two students, or includes some other topic, you may have to put a sheet with a cross reference on it either into the other student's folder or into the General File.

What are the things which demand special folders? That has to be left to a certain extent to you, but in general we would suggest such material as Board of Directors' Meetings, minutes; monthly financial statements; statistics; special committees

(by name). Or perhaps some enterprise which is to continue for a considerable length of time, such as, *Nurses' Home, Plans for New Building.* When the building is finally erected you will discontinue this folder and distribute the correspondence which is worth saving to its proper folders, under the names of the writers. The danger lies in the tendency to multiply the number of subject folders and so be confronted by the problem of where to put a letter on two different subjects, or else by the necessity of making a great many cross reference sheets. This latter may be avoided to a great extent by a very simple device. A small paper box on the superintendent's desk may contain a file of cards with "straight alphabetical" index guides. This will develop into a repository of all sorts of information. Let each card bear the name of a topic or a committee or an activity which is frequently mentioned in correspondence or consultation, or on which you receive memoranda. Whenever occasion arises, note on the proper card where the reference may be found. For example you may have a card reading:

UNIFORMS

Emmons, Mrs. Alfred, 3/2/28 for suggested change.
Fellows and Parker for prices quoted 6/1/28.
A.B. and C. Co. for order 5/24/28.

There you will have all the information you need to enable you to find the letter you want. If you attempted to put into a folder marked *Uniforms*, in your permanent file, every paper which referred to the subject, you would not only find the old difficulty of two subjects in the same letter, but you would have to look through everything in the folder every time, to find the paper you wanted. In a small school there would seldom be more than 25 or 30 such subject cards necessary. Begin with a few of the most obvious subjects and add a new card whenever you see it would be helpful. You will be surprised to see how much you will depend on those notes every day. The time to jot down the note on the card is when you answer the letter or put the paper in the file. Remember it is always easier to finger over a few small stiff cards than many large thin sheets which have been folded in envelopes, and it is sometimes a great satisfaction to produce a card and be able to say, "Here is a reference to everything we have had on that subject for this year."

In this file you will probably want to have a card headed Positions. You can note on this the location of letters of several kinds. Miss White writes you, asking for a reference for Alice Adams of the class of 1926, who has applied for a position as Operating Room Supervisor in the Middletown General Hospital. That letter and your reply will go naturally into the folder of Alice Adams in the Graduate File, but in case you care to report at the end of the year the number of positions filled by your graduates, you will make a note on the card headed Positions. Perhaps Miss White simply wrote and asked you to recommend someone for the position. You suggested Miss Adams. If she does not accept the position, you may want to suggest someone else or to tell someone seeking a position that you know this one is open. So you note on the Positions card that this Position is unfilled. If you hear it is filled, note that. Suppose Mary Evans has written that she is looking for a position as Head Nurse. You put the letter in her folder in the Graduate File and on the Positions card you will note the type of position she wants. When you get a letter

asking for suggestions for a candidate for such a position you will look down your card and find her name. Perhaps your card will look like this:

POSITIONS

Middletown Gn. Hosp., Op. Rm., Ref. asked and given 2/23/28 Alice Adams, 1926,
(or) Middletown Gen. Hosp., Op. Rm., suggested Alice Adams, 1926, 2/23/28.
Head Nurse, Mary Evans, 1920, wants position.

This brings us to the point of keeping track of your letters to other people. If you can possibly have a typewriter it is a tremendous help, because you can then have carbon copies of what you write. These should be filed by the same system as those you receive, remembering to clip your letter to the one it answers. If impossible to have carbons, you will have to note on the letter, with the date, the gist of your reply. For example "5/26/29, told her I would bring the matter to the attention of the Board." In your general folder behind each letter guide in the permanent file, you should place the letters alphabetically, and fasten together with a clip all those to the same person, with the latest one on the top of the bunch. For instance, in your "H" folder, you may find on opening it successively Hamlin, Harding, Heaton, Hopkins, Hutton, each little bunch of letters held together with a clip.

We can see at once that after some months of this filing system, many folders will be bulging with papers and hard to handle. The prevention and the remedy is to *transfer every year.* A cheaper or a less accessible file will do to keep the old folders where you can find them if need be, but you should not have to handle them daily. Choose your lightest time of the year, perhaps between the school years in the summer, and go through the active file, folder by folder, taking out of each all material dated before the previous year. That is, in 1928 you will have put 1926 in the transfer file, but 1927 will still remain in the active file, since it will often be needed. While you are transferring you will find some more papers which it is safe to destroy, and sometimes as you put them in the transfer file you will notice there something which you are sure is no longer needed. It is the housecleaning time and should leave your files rid of unnecessary material and in order.

There is no type of office work more given to piling up than filing. The only hope of keeping up with it is to make every effort to do it at the least once a week. The more you do it the more you will discover methods to simplify the work or to make the important facts more accessible. Most of all you will find how to keep your papers down to the smallest practicable bulk. Have a desk calendar pad and when you get a notice of a meeting, enter it at once, with hour and place, on your pad, and then throw away the notice. A row of baskets, rather than one basket, with a label on each specifying Hospital, Board, Bills, Orders, Immediate, etc., will enable you to sort your papers when you read them, instead of going through the whole mass every time you search for something. It is the same old question of saving time by taking time. A few seconds today may save you ten minutes next week, and once the habit of orderliness and consistency in filing is established, you will be astonished to find how much simpler the work is, and how seldom you need feel at a loss when asked for information.

Membership and Method

VIRGINIA McCORMICK

SELF-ANALYSIS has become a slogan in organized nursing. It is evidenced in the work of the Committee on the Grading of Nursing Schools with its five-year program of the study of nursing. The tendency for self-study is found, too, in the actual grading of schools of nursing in this country which, begun during Grading Week, May 12–19, depends for its success on the voluntary efforts of schools throughout the United States to answer concisely and honestly the questions sent them by the Committee.

But equally symptomatic with such organized efforts toward professional self-analysis, are the spontaneous searchings within themselves of nurse groups, large and small, which are trying thus to find solutions to their own individual problems.

Such a study is that of the Alumnae Association of the Clifton Springs Sanitarium and Clinic School of Nursing, Clifton Springs, N. Y. In introducing her story of the study in membership decline made by this alumnae group, and of the extraordinary results accomplished because it frankly faced facts, Gertrude Strong Bates, Treasurer of the Association, writes:

> When one has been patting himself on the back for years because of some imagined good qualities, it is very disconcerting to find that there is nothing under the coat to justify that gesture of self-complacency. Then it is that a man is a man who, after such a revelation, is able to analyze the situation and benefit thereby. After some years of more or less justifiable back-slapping, we raised the "coat" of our Association and found a situation which brought the alumnae members into immediate action.

The condition which brought such concern to the Clifton Springs alumnae was "a numerical degeneration of the membership roll, a decline progressive in nature," Miss Bates states. When the Association was organized, in 1905, eleven years after the first commencement, twenty-nine of the ninety-five alumnae joined. This was considered a fair proportion, as the group was widely scattered.

In the next five years, sixty nurses were graduated from their school, and all but ten became members of their Alumnae Association. At the end of the ensuing five-year period, only ninety-four of the one hundred and thirty-two graduates had joined it. In 1922, seventeen years after the date of organization, alumnae members numbered one hundred and fifty-three out of the possible two hundred and thirty-seven.

Having made this discovery, the Alumnae Association did three things: First, it searched for the cause of this malnutrition in membership, the reason that it had escaped notice up to that time; then it analyzed this cause; then it searched for a cure.

How many alumnae associations—and other, larger groups—would write of themselves as did Miss Bates in describing the probable reason for their not giving heed, sooner, to the decreasing membership? "Undoubtedly we were delayed," she writes, "because of self-satisfaction, based, falsely of course, on the slight but steady membership increase." It was not until the percentage growth of membership in the Association apparently struck a level that the members began to feel concern. This was in the years 1921–1922, and the study was begun forthwith.

In analyzing the number of members in the Association and the number

of new graduates to join, a suggestive fact was brought to light. In the years 1921–1922, when the membership in the Association had become static at 46 per cent, 100 per cent of the graduates of those years had joined the Association. The decrease had come from deserting older members.

This fact was taken into account by the Association in the next phase of its self-analysis, that of trying to ascertain the reason for the decreasing membership. "We took into account," states Miss Bates,

> that there may be said to be four reasons why, immediately upon graduation, each nurse joins her Alumnae Association: (1) because of interest in and loyalty to her Alma Mater; (2) because of the necessity for the affiliation in order to follow her professional pursuits; (3) because of interest in the Association and its purposes; (4) because her social instincts would lead her into association with others of similar aims and interests.
>
> To assume that the nurse fails to keep up her membership because these motives cease to exist is hardly fair. The more just, and doubtless the true explanation is that other interests, other groups, and other occupations, for various legitimate reasons, take precedence over these. Admitting this, logically the next step was to devise a means of taking advantage of this initial interest in some permanent way.

It was pointed out that the interest the nurse felt in her alumnae and school immediately upon graduation was a very real one, continuing through the years, and that the dropped membership did not signify waned loyalty, but an engrossed attention elsewhere due to a group of interests and time-demanding occupations in the midst of which details of alumnae and school became subordinate to the more immediate calls upon time and money.

If, reasoned the sagacious members of this Clifton Springs Alumnae Association, if the way into membership in the Alumnae Association were made as simple and easy as ingenuity could devise, would not the nurses gladly continue to show their loyalty to their school by maintaining their alumnae membership? Perhaps if they did not have to think about paying their dues every year, it would help.

The more this question of annual dues was discussed, the more it seemed to the alumnae members that perhaps this was the cause of decrease in their organization. In 1923, therefore, their by-laws were amended to the effect that a graduate of the school, after her application had been accepted, might, during the first year, secure a life membership in her Alumnae Association by paying $20, and at any subsequent time by paying the said amount minus $1 for every year that annual dues ($1.50) had been paid. It was provided further that the funds so collected should be invested, the interest only being used for current expenses by the Association.

> The benefits, declares Miss Bates, accrue to both parties. For the nurse it means: (1) the opportunity of defraying the obligations of a lifetime by one payment; (2) freedom from the annoyance of paying at least one of the small annual payments which, as the years pass by, surely come to be so numerous they deserve the name *legion;* (3) the annual saving of 50 cents a year for twenty years; (4) the assurance of permanent membership without any further obligations to meet.
>
> The Alumnae Association benefits by less bookkeeping; less expense for printing, stamps, and stationery; larger sums for investment; an ever-increasing income from the interest on these invested funds.

In the years that followed this amendment, the condition of malnutrition in the Alumnae Association of Clifton Springs, gradually has been corrected. Nor is the increase in membership from year to year due, proportionately, to the new graduates,

although in every year since 1923 every new graduate has become a member of her Association (with the exception of one graduate in 1924). It would seem, according to Miss Bates, to be the offer of a life membership, with its elimination of further concern about dues, that has brought back former alumnae members into their organization. Be that as it may, in 1928, 56 per cent of the graduates of the Clifton Springs Sanitarium and Clinic School of Nursing were members of their Alumnae Association.

During the years prior to the self-analysis study with its resultant revision of by-laws, the percentage of graduates belonging to their Alumnae Association had increased from 30 per cent the year of organization, to 46 per cent in 1921–1922. After the life-membership clause had been added to the by-laws, the Association increased in membership to 48 per cent of the graduates of the school in 1923; 49 per cent in 1924; 51 per cent in 1925; 53 per cent in 1926 and 1927; and 56 per cent in 1928. Every year except 1928 has shown a decrease in annual memberships in favor of the life memberships.

The finances of the Association are, of course, in a most satisfactory condition, due to the increased number of life members. In the six years since the by-laws were amended, the principal has accumulated to an amount of $3,786, a sum which, writes Miss Bates, "is sure to grow and eventually result in a relatively sure and substantial income."

But the matter of income is of secondary importance, vital though it may seem to that Alumnae Association. What does matter tremendously is that the Clifton Springs Alumnae Association has found a means of bringing back its former members. What is much more significant, at this period of self-study in nursing is, that one of its units quite voluntarily dared to strip itself of years of complacent existence and look within; and that, having searched beneath the surface, it dared to analyze dispassionately and to reconstruct intelligently in such a manner as seemed best suited to its own individual problems.

Research in Nursing

THE winter number of the Nursing Education Bulletin published for the Department of Nursing Education, Teachers College, New York, contains an extraordinarily interesting editorial on the Science and Art of Nursing. It also has, among other features, a report of some very careful "Studies in Thermometer Technique" which will undoubtedly be of interest to instructors of schools of nursing.

The subscription to this Bulletin is only one dollar per year, but those who want the single issue may secure it for fifty cents per copy by writing to the Department for it.

Promise Yourself

TO be so strong that nothing can disturb your peace of mind;

To talk health, happiness and prosperity to every person you meet;

To think only of the best, to work only for the best, and to expect only the best;

To be just as enthusiastic about the success of others as you are about your own;

To forget the mistakes of the past and press on to the greater achievements of the future;

To wear a cheerful countenance at all times and to have a smile ready for every living creature you meet;

To give so much time to the improvement of yourself that you have no time to criticize others;

To be too large for worry, too noble for anger, too strong for fear and too happy to permit the presence of trouble;

To live in the faith that the world is on your side as long as you are true to the best that is in you.—*Lucy Lowell.*

Nursing Care of Malaria Given in Cases of General Paresis

GLADYS SWEENEY, R.N.

THE etiology of general paresis has been known f a number of years. It does not usually develop, however, until ten to fifteen years after the initial infection by the *Spirochete Pallida*. If treated at the time of infection it might not progress to the stage of general paresis, where the central nervous system is involved. Unfortunately, a very large percentage of people are not treated, or are insufficiently treated, until it has reached this stage. Therefore much research work has been done in an effort to find something that would effect a cure, or at least a remission.

In 1912, Waggner Jauregg brought forth the fact that in India and other malarial countries, where about ninety per cent of the population had syphilis, it seldom developed into general paresis or tabes dorsalis. This led to experimentation with malaria in cases of general paresis, in an effort to cause a remission. Today it is the most popular treatment of cerebrospinal syphilis.

There are several theories underlying the malaria treatment of paresis or tabes, any one of which you may adopt, because, as yet, the real action of the malarial organisms is not known. Some of the theories are:

1. That it changes and alters the course of paresis.
2. That the high temperature influences, changes or kills the spirochete in the cortex; that by giving a patient this disease, an immunity is set up and the antibodies check the infection caused by the spirochete.
3. That when a large number of red blood cells are destroyed and decomposed, a toxic action results, which inhibits the activity of the spirochete.
4. That an aseptic meningitis is caused during the course of malaria which necessitates a repair that prevents further destruction to the cortex. (This theory is used here.)

Some of the physical symptoms of a patient with general paresis would be: anemia, a typical mask-like expression of the face, sallow skin, soft flabby muscles, malnutrition with marked loss of weight, visual and gait disturbances, tremor of the hands and uncertain motor coördination. He not infrequently has an infection of the oral cavity or intestines, uremia, cystitis, etc.

In addition to the physical symptoms, the patient invariably shows mental symptoms as well. He will very likely show marked irritability, insomnia, judgment defect, writing and speech defect, forgetfulness, defect in sensorium. He may show marked euphoria, have grandiose ideas, that he is a very important man, is extremely wealthy, a great writer or inventor, etc. He not infrequently has delusions of persecution, that people are after him, trying to kill him or steal his money.

When the patient's condition warrants, he is inoculated with 2–4 cc. of blood taken from a patient who is running a course of malaria. Great care is taken in the selection of a patient for inoculation. He must be in good physical condition; complete blood tests are done, x-rays taken of the chest and heart, eyes examined, kidneys examined, his age is considered and his general nutrition built up before inoculation. Blood chemistry is done weekly.

Patients who are elderly or obese

are considered poor risks. Low fever may designate tertiary syphilis of the liver, which would also be a contraindication. A patient with a history of having lived in the tropics is also a poor risk because of the danger of his having had malaria before.

A tertian pattern of malaria is less trying on the patient than a quotidian, but it is not always known just which course the patient will run. It is thought that a tertian type of course is more apt to occur if he is inoculated intramuscularly than when inoculated intravenously. The first rise in temperature or first chill occurs four to five days after an intravenous inoculation or ten to twelve days after an intramuscular inoculation.

So far, the rôle of the nurse has not been emphasized. She plays a very important part in this treatment, however. It is her duty to prepare the patient for his course of malaria by seeing that he gets plenty of rest, fresh air and nourishing food. Remember the patient is ill physically, too, so this must be done gradually. Stimulate him to want to go for walks, see that he does get out of doors frequently. Serve tempting-looking trays so that he will want to eat, and serve nourishment between meals. Allow him to rest in the afternoon if he needs to. Daily baths are given and he is weighed weekly.

The nurse may also build the patient up mentally, as well as physically. Make him feel that he *wants* his course of malaria. Explain to him just what it is. He should never be inoculated without knowing what is being done and why. He should know when to expect his first chill, what type of reaction he is apt to have, and how many chills to expect, so that he will accept his treatment with understanding, and actually wait for his chills. He will count them and feel that each chill he has means he is that much nearer home and health. During the preparation period, the patient should not be idle. He may read, weave, play cards, ball, checkers, pool, dance—everything and anything to keep his mind occupied. Of course too much physical exertion is not advisable, unless he is in good condition.

After inoculation the nurse and patient wait together for the first signs of a chill. They count the days and make quite a game of it. The patient may not always know when he has his first chill, so the nurse must watch carefully for it. While he is chilling, hot water bottles and blankets should be applied. An ice cap to the head is quite a relief. The chill should be reported to the doctor, the time noted and recorded on the patient's chart. The temperature is taken at the beginning of the chill and every hour, until it is down to 100 degrees, and every four hours thereafter, until the beginning of the next chill. The length of the chill is reported on the nurse's notes and each hourly temperature charted. The patient is kept in bed, fluids are forced, and a liquid diet is given while the temperature is elevated.

Great care must be taken after the chill. The temperature is rising, the patient is hot and uncomfortable, possibly excited and delirious, and he is very apt to throw off the covers. Extra covers and hot water bottles, used during the chill, may be removed, but the patient must be kept covered to avoid catching cold.

Great care must be taken with the skin. Daily baths are given, tub baths when the condition warrants it, and bed baths when he is in bed. The patient is frequently incontinent during the chill and the nurse must watch carefully for this and keep the

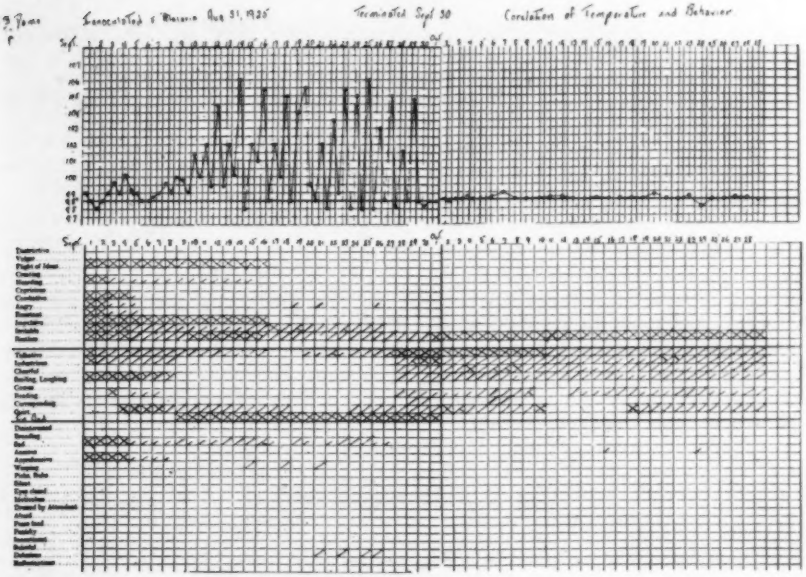


FIGURE I

bedding dry. The patient may be up and dressed between the chills, if he is able and the doctors willing. During the first part of the course he is in good condition, so he will be about the ward between chills, if he is running a tertiary pattern.

An anemia diet is usually given during and after the course of malaria, with nourishment between meals, because of the great destruction to the red blood cells. Fluids are forced and chlorides are given to make up the deficiency caused by extreme perspiration.

The usual length of a course of malaria is twelve to fourteen chills. The chills last from fifteen minutes to an hour, the temperature gradually rising after the chill from 103 degrees to 106 degrees, and in some severe cases as high as 107 degrees and 108 degrees. Above 106 degrees is considered too high, with too much of a strain on the heart. Tepid sponges are frequently given for such an elevation. The temperature should come down to normal within eight hours after the chill. If the temperature stays elevated for three or four hours after a chill, without any noticeable change, the doctor should be notified. This is a bad sign. The pulse and respiration should be carefully watched, as well as the temperature, and reported to the doctor if there is any marked change. If the pulse becomes rapid, thready, and of poor quality, and if the respirations are rapid and labored, or if the temperature stays at 99–100 or is below 98 degrees for a period of two to three days, something is wrong and the malaria very likely will have to be terminated. The spleen is watched carefully by the doctor, as it sometimes ruptures. Patients frequently develop icterus or herpes.

Other indications for termination are insomnia, exhaustion, continuous

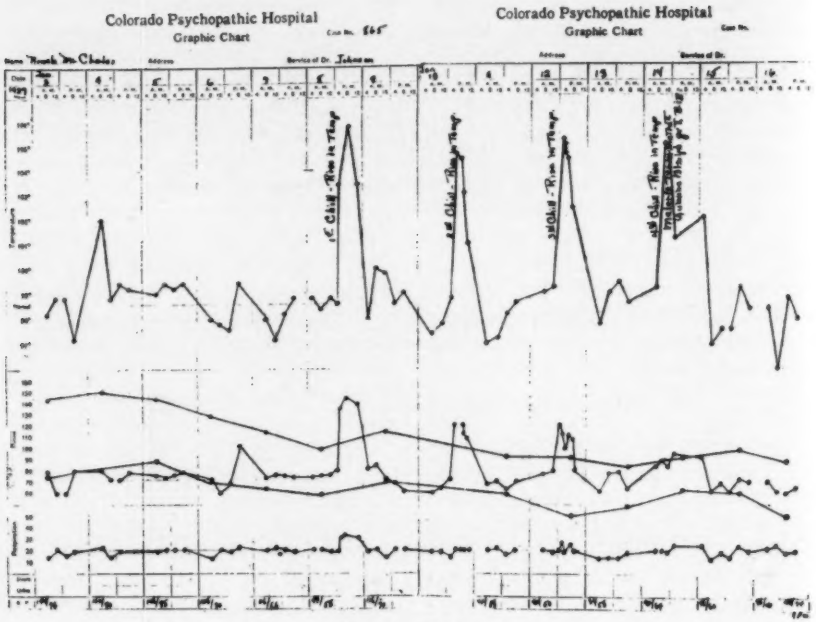


FIGURE II

hypernexia, marked fall in R. B. C. or hemoglobin, steady and marked fall in blood pressure. It sometimes falls as low as 30/10. Pulse of 160 and respirations of 60, seizures, edema of the lungs, pneumonia or other acute illnesses are indications that the malaria must be terminated.

Malaria may ordinarily be terminated within half an hour. This is one reason why it is so extensively used. Sometimes a patient may have a very sudden relapse and it is necessary to terminate the course immediately. This is done by giving gr. 7½ of quinine urea hydrochloride intravenously. This is followed by quinine gr. x, t. i. d., for two weeks. Occasionally a patient has an idiosyncracy for quinine, in which case small doses of neoarsphenamine are given.

Digitalis or strychnine may be given during the course, and the patient allowed to have several more chills than he would otherwise be able to stand.

After the course is over, the patient needs to be built up again physically. He will be able to sit up within two or three days and by the end of a week, he will be up and about. His anemia diet is continued for a week or two and fluids are still forced. He will gain weight rapidly and by the end of two weeks, he will probably weigh as much, if not more than upon admission. His speech is clearer, his irritability, memory and judgment improved, delusions have disappeared or are less marked, his gait and tremor are improved.

Lumbar or cisternal punctures are not done during the course of malaria, because of the very great danger of an infection. A lumbar puncture is done within a week or two after

termination, and once every month or two after discharge from the hospital. The spinal fluid is followed carefully and any changes noted. There are many remissions without any marked change in the serology.

After discharge from the hospital, the patient reports to the out-patient clinic weekly for a course of tryparsamide or neoarsphenamine. He is followed until his spinal fluid is negative or for a period of five years after treatment. In this way we are able to tell to what extent he is able to adjust in the community.

We do not hope to cure a paretic, but if he has a remission and is able to take his place in the community, a great deal has been done for him. Statistics show that 30–70 per cent remissions occur from malaria treatment, 40 per cent being an average. The percentage of remissions here at the Colorado Psychopathic Hospital is approximately 58 per cent, about 24 per cent being complete remissions and the other 34 incomplete, but enabling the patient to take his place in the community and make a fair adjustment.

Grading—Last Call!

As this magazine is delivered at your door, the Grading Committee will be receiving the last packages of filled-in report forms from schools of nursing which took part in the first grading study. Every school of nursing in the United States has been invited to join in this first self-survey. Is *your* school one of those which has accepted? If not, there is still a chance, if the school works very fast, for its records to be included.

Until about the third week in June, new sets of returns can be added to the study without difficulty, but soon after that time the work of combining reports will be begun, and then the field must be closed to late comers. If your school has hesitated or delayed, perhaps you can be instrumental in encouraging a swift acceptance of the invitation, and a rapid filling out of the self-study forms, and mailing of them back to the Grading Committee.

This is not just a plea for coöperation with the Grading Committee. The hospitals themselves have ample reason eagerly to seize the opportunity for a confidential health examination of their schools. Early in the fall, when the results have all been analyzed, it is planned to send back to every school which joined in the grading study a report of a kind which no one has ever had before. Just what will be in that report depends, of course, upon how fully the hospitals fill in the grading forms sent them. We can almost surely expect answers to such questions as the following:

Are your student nurses older or younger than the students in other schools?

What educational preparation do most schools really require of their students? Are the educational requirements of your school above or below the average?

How much time do most schools have their students spend on day duty? On night duty? In class? How does the practice in your own school compare with that of others?

How many days do most student nurses spend on duty in the surgical service? In the medical, obstetric, pediatric, etc.? How many schools require all students to secure some experience in contagious nursing? What about the students in your school?

How even is the experience? In most schools do the students get about the same amounts of training of each type? Or do they send a few students out with far more

experience in, say, surgical nursing, than some of their own classmates? Is your school more or less regular in this respect than other schools?

What about the graduate nurses who run the school? How do the salaries in your school compare with those elsewhere? Does your graduate staff have more or less than a typical turnover? What is the average length of stay?

How many graduate nurses do you have compared with the size of your student body? Is your proportion higher or lower than that in other schools?

Who are the graduate nurses in your school? Are they better educated than in most schools? Have they broader experience? Are they more apt to attend institutes and conventions? To read nursing magazines? To belong to nursing organizations?

How much nursing do the patients in your hospital get? How do the "hours of nursing service per patient" in the surgical services compare with those in the medical? Or the pediatric? Or the obstetric? What are the corresponding figures for other schools?

By whom are patients nursed? Do most schools put their surgical and medical patients into the hands of 1st and 2d year students? Where are the 3d year students used? Are many schools assigning them to duty as head nurses? And on which services? Are ward maids and helpers used more in surgical services than in medical?

These samples are only a few of the questions on which the first grading will throw light. The more schools which take part, the more valuable the answers will be. To every school there will go, at the end of the study, a full report answering these questions and others like them, as to what most schools of nursing actually do, and in addition, a confidential statement, telling just where that school's own record stands in the general picture.

Some hospitals may have hesitated to join in this first study because they could not see why they should. If they are proud of their schools, and eager to make them of high standard, perhaps the sample list of questions given above might make the purpose of the study clearer, and its value to the hospital more obvious.

You can help, if your school has not yet joined in the study, by talking these matters over with the superintendent of the hospital, the principal of the school, and the members of the board. But remember that, since comparisons cannot start until all the reports are in, the closing date must come very soon. This is the *last call* for grading!

Nursing Schools Going Over the Top

ON Monday, May 20, the very first day on which returns were expected, the Grading Committee reported that completed questionnaires had already been received from approximately five hundred schools of nursing, indicating the splendid way in which the schools are accepting the challenge of the Grading Committee. Many others have telegraphed that, owing to Commencement activities, they are somewhat delayed, but there seems every reason to believe that by the time this *Journal* is out the majority of the schools of nursing in the country will have completed and returned their questionnaires.

Eminent Teachers

Grace Watson, M.A., R.N.

S. LILLIAN CLAYTON, R.N.

IT is fortunate for the young women who elect nursing as the profession of their choice that some of our graduates with high personal and professional standards become teachers, because to them teaching is the part of the profession upon which the entire structure rests. Such women teach, not for a day nor for a year, but for all time. Their greatest ambition is realized when they see in their students development, a desire to grow, and a constant dissatisfaction with anything less than the best in the education of a nurse.

These teachers blaze a trail in the hospital world today for the place of education, just as the pioneers of modern nursing established the Nightingale System of Nursing in hospitals over fifty years ago. Just as those early leaders entered the hospitals with the spirit of reform so does the real teacher of today. Such a teacher is Grace Watson!

GRACE WATSON, R.N.

Born in Moore, Ontario, Canada, Miss Watson was educated in the grade and high schools of Ontario. Her professional education was secured at the Minneapolis City Hospital in Minnesota, and by postgraduate work at the Children's Hospital in Boston.

Miss Watson believes that a person who would teach should continue to be taught if she is to fulfill her mission worthily. Because she has wanted to give her best to the young nurse and, through her, to the patient, she continued her preparation at Teachers College, Columbia University. From that institution she received a Bachelor of Science degree in 1923, and her Master of Arts degree in 1926. She was Instructor at Bellevue Hospital, 1925 to 1928; Instructor and Educational Director at the Philadelphia General Hospital, 1918 to 1922; Instructor at the Miami Valley Hospital, Dayton, Ohio, 1923 to 1926. She

is now teaching in the Jersey City Hospital School of Nursing, where she is Assistant Director of the School. Miss Watson has brought not only professional and academic knowledge to her work of teaching, but a wide experience received in private duty and administrative positions. To her teaching for the past fifteen years she has brought an understanding of the practical problems of the hospital and of the home that has made it possible to give instruction to the students and help to the institution in a sympathetic and understanding manner. Those with whom she has worked to elevate the standards of nursing education and to make for teaching the place it should occupy in the nursing world, could not but whole-heartedly agree that:

"A liberal education will lift an ordinary job from the level of a task to the level of an art, to the level of a religion, through the leadership of artists, not merchants of art." So firmly does Miss Watson believe this, that it is evidenced daily in unflagging interest and devotion to the pupil nurse. In her teaching she permits herself no deviation from a high purpose. Always she maintains an attitude of gravity without affectation and an ever delicate perception in correcting others. Never does she say to anyone: "I have no leisure," nor make an excuse by alleging urgent occupation. Hers is a spirit of true devotion to nursing through the medium of her chosen specialty.

Few teachers have had such broad opportunity and privileges in participating in the working out of departments of education in schools of nursing and none have given more whole-heartedly or unselfishly of their talents than has Miss Watson.

Mississippi School Beats Them All

AFTER the visit of the *Journal's* Field Representative, Miss Cornelisen, to the South Mississippi Charity Hospital, Laurel, Mississippi, the student body sent in 25 subscriptions, thus making a 100 per cent return,—the first time this has happened in any state visited.

No Time for Reading

"I LIKE your magazine," says a subscriber. "I wish I could find time to read it each month. But I just can't seem to do it. I can't find time to read in the office. Too many letters to write; too many decisions to make; too many men who want to talk to me and to whom I want to talk. I do read it in the evening but then there are always interruptions and often I feel that I want to read something that will take my mind away from my business."

"The subscriber's state of mind is common and understandable. But he makes one mistake. He *has* time to read in the office. But his trouble is that he doesn't clearly enough see reading as a part of his business.

"He needs to learn from the president of one of our great manufacturing corporations who sets aside fixed parts of his business day for business reading, and who will no more allow that time to be broken in on than he would allow an invasion of the time he has allotted to an important caller. . . .

"No business man, whether he be on top of the business ladder or on the way up, can afford to neglect his business reading and the surest way not to overlook it is to systematize it, to make it an integral part of the day's work. . . .

"Give it your interrupted attention for half or three quarters of an hour. Sort out of it the things you want to read at once; put aside some articles you'd like to take home with you, make yourself read the things that you realize you need to know, no matter if they look 'heavy' or 'serious'"—From *Nation's Business* for March.

Editorials

School Is Out

SCHOOL is out! To thousands of young women, the nurses of '29, school is, or soon will be, "out!" What will you do with the skills and the knowledge acquired during three years of rigorous training? What will you do with your "freedom?" Will you choose to direct your own future or will you drift with the tide? The disillusioned will tell you that you can't choose—that you must take what you can get. We say that there never was a time when the landmarks were so clear or professional opportunity greater for those who are really professionally minded.

Opportunities for advancement and even for pioneering are all about us but it is an extremely dangerous time to drift and "to try private duty for a while."

Private duty is a field of never-ending interest to those who are blessed with the ability and tact to make constant adaptations. It offers, also, a valuable background of experience for some of the other fields of nursing. Entered into with open eyes and for clearly-thought-out reasons, it may be a good choice for thoughtful Miss 1929; it is a very poor choice for drifters, for it is already an overcrowded field with much competition, some of it of an undesirable sort. The nurse registered for special duty can no longer be sure that she will be called in accordance with her place on the list, for superintendents of nurses are saying: "Our first duty is to our patients, and we must call the best nurse available, regardless of her place on the list." This is loyalty to the highest standards in nursing. It offers an incentive to good work. If it seems disloyal to some nurses, it must be remembered that nursing is more important than nurses, and that nurses exist to serve patients, patients do not exist to provide nurses with occupation.

The official registries, with their programs of hourly service, are opening new fields for service. They require well trained nurses possessing initiative and adaptability.

Hospitals all over the land are more cordial to the graduate nurse than ever before—some of them are adopting programs of staff education that offer bright hope for the nurse who wants to become a specialist. Probably many of whom we have never heard are graduating with determinations like that of one mid-western young woman who confidently expects "to become the very best maternity nurse in this part of the country." There is a real future for such women. The hospitals offer many opportunities for able young women to become head nurses and only the really able should expect or be encouraged to apply. There is boundless opportunity for the young nurse with administrative or teaching ability.

Of teaching we can only reiterate what we have said annually for a period of years. The profession has never even approximated the desired and needed numbers of nurses qualified to teach in our schools. Many scholarships and loan funds exist

to help desirable folk to obtain the added and interesting preparation they need. Probably more would be made available if the need were made known.

Public health nursing is a fascinating and ever-expanding field. Its influence is beginning to be strongly felt in the other fields. Looking at the graduate staffs of visiting nurses' associations, for example, with their definite salaries, definite hours, and opportunities for professional growth, it is easy to see that hospitals may secure the same type of service when they make similar provision for graduate dignity, freedom, and professional growth.

Nurses of '29, you come to a troubled professional world which needs your skill, your optimism, your enthusiasm, your courage! Nursing is going through the pangs of reorganization. It is striving to burst the shell of its chrysalis and to emerge as a true profession. It needs your faith, your loyalty, your persistent effort. Most of all it needs youth's willingness to "greet the unseen with a cheer." It will reward you in countless ways, most richly perhaps with the respect and affection of those worthy to be your peers.

Pre-vocational Guidance

THERE are many evidences that it is high time the schools of nursing were graded. Prospective students, especially the most highly desirable ones, are quite unwilling to enter upon a three-year training without ample investigation of schools. They will greatly profit by publicly announced grading when that shall have been accomplished. In the meantime, to say that a school is registered by a state board of nurse examiners is not enough to satisfy women ambitious to secure the best possible training, the minimum standards being what they are.

Some of the schools try to get around the difficulty by referring prospective students to the Department of Nursing Education, Teachers College, New York City, or to individuals prominent in the profession. This seems to be an unwarranted liberty. Miss Stewart, of Teachers College, than whom there is no more generous, helpful person in the profession, says: "It is quite obvious that we could not undertake such a responsibility even if we were quite familiar with the schools in question." It is equally unfair to place the burden upon individuals.

Schools, like people, have individuality, we had almost said, personality. Many factors enter into those personalities, and into the intangible thing called atmosphere. What is pleasing to one student may be repellent to another. On the fundamentals, however, there are no better sources of information than the state boards of nurse examiners, and the National League of Nursing Education. The League is organized for the express purpose of dealing with educational problems. It cannot and will not say: "We advise *this* school but not *that*." It will not make any invidious comparisons between schools. Even so, its headquarters office may, fairly enough, and wisely, be asked for pre-vocational guidance by which we mean that every effort will be made to show young women how to evaluate schools in relation to their own preparation. It is encouraging that the demand for this type of service is increasing so rapidly. It has been stimulated in a sound way by the Councils on Nursing Education such as that in Chicago which has functioned efficiently over a period of years. Those councils have always

been geographically limited, leaving many schools, covering a wide area, which should advise young women to seek the aid, not of busy individuals, but of the national educational organization.

Centralization of Nursing Education

IT is no secret that the work of the Grading Committee will reveal many educational weaknesses in schools of nursing. It would, therefore, seem the part of wisdom to look to other educational systems for such help as they may offer.

The persistent shortage of qualified teachers for nursing schools has, for a period of years, led far-sighted persons, such as Dean Goodrich of Yale, to seize every opportunity for placing emphasis on plans for the centralization of nursing education for, despite the developments at the University of Minnesota and at Western Reserve, and those in Kansas City, Milwaukee, Philadelphia, Utica, and in Westchester County, New York, the tendency is not yet very widespread.

The argument for such centralization seems sound and can be supported by the experience of the public school system of the country. A considerable number of schools of nursing may be compared to the one-teacher schools, the little red school houses, which will soon be a fond memory! Consolidated rural schools, according to the United States Bureau of Education, have been appearing at the rate of one thousand a year during the past decade. The widespread sentiment in favor of the centralized public school is due to a belief that one teacher in all grades cannot be expected to accomplish results equal to those made possible by the specialization of the well graded school. It is known, too, that the one-teacher schools are usually taught by the least trained teachers.

There is a definite analogy between the one-teacher public school and the school of nursing in which one instructor is expected to "teach the Standard Curriculum." Really well prepared women will not attempt such an impossible task, and rightly so. By actual tests on thousands of pupils, it has been found that children in the consolidated schools make better scores than those in one-teacher schools. Comparable tests have not been made in nursing schools, but there is reason to believe that similar results would be revealed.

The difficulty of securing qualified teachers and the high cost of maintaining them for small groups of students should be potent arguments for greater centralization. Then, too, more nurse teachers will be available when saner teaching conditions are more generally provided. The cost of teaching equipment and of classrooms could be materially reduced by a wise pooling of resources.

We have much to learn from the educational system of the country. The widespread tendency toward concentration of teaching abilities and to pooling of teaching equipment is worthy of emulation.

The Cleveland Tragedy

AS our pages close, word comes that at least six nurses lost their lives in the worse than war horrors of the Cleveland Clinic explosion on May 15, and that the death toll is still mounting. According to a newspaper account, one nurse was found lying across a wheel chair bearing a patient she had tried vainly to wheel to safety. Another, Edith Morgan, who had served overseas with the Lakeside Unit, escaped from the building and worked with the patients until the poison gas got in its deadly work.

Our Contributors

It is generally conceded that the educators on the Committee on Grading Schools of Nursing contribute not only sound but spacious thinking on the problems involved. **Professor W. W. Charters,** one of this group, who deals so ably, in this issue, with a fundamental problem, is Director of the Bureau of Research, College of Education, Ohio State University.

By a fortunate coincidence, **Dr. M. M. Davis** sent his "Ten Duties" at just the time to reply to an anxious board member's query, "What are the duties of Board Members?" Long experience in and study of dispensaries have given Dr. Davis real perspective on a moot question with which nurses may expect to deal more and more frequently.

Catherine B. Washburn, A.B., R.N., is a graduate of the Children's Hospital School of Nursing, Boston, Mass., and is Head Nurse on one of the medical wards of her Alma Mater.

Harry D. Kitson, Ph.D., is Professor of Education at Teachers College, Columbia University, New York City.

The little story of disaster relief in Porto Rico was volunteered by **Jean Pauline Egbert, R.N.,** a graduate of the Rochester General Hospital School of Nursing, because she so thoroughly enjoyed emergency service under the Red Cross.

Nina Robertson MacDonald, R.N., says she writes for pleasure. She is a "trainee" of the Brisbane General Hospital, Queensland, Australia.

A newspaper item to the effect that a hospital patient had died in a bathtub from an electric shock set us searching for a writer on making electricity safe for patients. We were fortunate in finding **C. A. Johnson, A.B.,** who is an instructor at New York University and Laboratory Manager for Dr. E. E. Free, Consulting Engineer.

Many private duty nurses are still adventurous in practice to the extent of taking country calls, but they do not often venture into the field of authorship. **Berenice Serpas, R.N.,** a graduate of Charity Hospital School of Nursing, New Orleans, had to be coaxed a bit to send her story to the editor.

Again we present one of **Bertha M. Wood's** common-sense articles on nutrition.

Mary Ellen Manley, R.N., who is a graduate of the School of Nursing and Health of the University of Cincinnati, prepared her article for a Head Nurses' Conference while she was an instructor at the Fordham Hospital School of Nursing, New York City. We cannot too often remind our readers of the vital importance of the head nurse in our educational system.

Nina D. Gage, M.A., R.N., Executive Secretary of the National League of Nursing Education, is still thinking of the needs of the smaller schools, and has followed up last month's article on "Records" with suggestions for their use. Send her your suggestions, if you have any, for improving the records suggested in our May issue.

Phoebe Gordon, A.B., R.N., Instructor in the University of Minnesota School of Nursing, contributed many excellent ideas to the article on "Files for Small Schools," which was compiled in the Journal office.

Virginia McCormick, Publicity Secretary of the American Nurses' Association, invites correspondence and questions on the subject of "Life Membership in Alumnae Associations."

Gladys Sweeney, R.N., a graduate of the Yale School of Nursing ('26), is Assistant Superintendent of Nurses of the Colorado Psychopathic Hospital, University of Colorado.

Comprehensive though it is, **Carolyn E. Gray's (M.A., R.N.)** study of Postgraduate Courses merely paves the way for further analysis and for the setting up of standards. So far as we can determine, the California State Board is the only one which makes the important distinction between "added experience" and "postgraduate courses."

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R. N.

Postgraduate Courses

A Study of Existing Postgraduate Courses Given in Hospitals and Exclusive of Those in Universities

CAROLYN E. GRAY, R.N.

"IT may be against your policy to recommend any particular school, but how am I to know where it is best to go?" Thus writes a nurse who is eager to have the editor of the *American Journal of Nursing* help her find the best postgraduate hospital school. It is true that the policy of the *Journal* is not to recommend any one particular school, but rather to give applicants all the information available and thus indirectly help them to make their own choices for both undergraduate or postgraduate work. Because "all the information available" was not sufficient to enable the editors to answer the many inquiries that come to them, an attempt has been made to bring the list of hospital schools of nursing where postgraduate courses are given, up to date, and to include the essential facts that prospective students want to know.

Questionnaires were sent to the 134 schools included in the A. N. A. List of Accredited Schools as giving postgraduate courses, 28 of these schools in different cities were visited, much correspondence was carried on with principals of such schools, and interviews were secured with some of those who are taking or have taken postgraduate courses. From the answers to these questionnaires, and with the cordial coöperation of the principals of the schools visited, and the help of the nurses concerned, the information in this paper has been gleaned. It is not final or complete in any way. It does represent all we have been able to learn up to the present time. It is not complete, because many questions have been raised that need to be answered, but the answers can only be worked out as the result of further study of the whole problem of what a basic course in nursing should include, and of what a postgraduate course should include,[1] as well as of the conditions to be met by schools giving such courses, and by applicants seeking such education.

At times it has seemed like following a will-o-the-wisp, for our list of schools where postgraduate courses are given has shrunk from 134 to 77. The reason most frequently given for discontinuing the courses, "The school has grown larger and there is no need for postgraduates now," raises the question whether or not "the need for postgraduates" ever justified the courses. Possibly, too, there is some connection between the many complaints

[1] This is to be the subject of a Round Table led by S. Lillian Clayton at the forthcoming League meetings.

that postgraduates are not good workers, and the discontinuance of the courses.

In contrast to this, a few special hospitals are trying to replace graduates with postgraduates. The reasons given for this step are that "the graduates are not well prepared, are usually unsatisfactory, and better workers can be selected from the postgraduate students." These statements raise another question. The salary paid graduates is $90 per month. The allowance paid postgraduates is $50 per month, and they are given thirty hours of instruction. Is this instruction worth the difference between the salary paid graduates and the allowance paid postgraduates? Or will the money saved be used to pay extra instructors? In one place I was told it was too soon to answer this question.

In a pamphlet published by the Committee on Education of the National League of Nursing Education, it is stated that postgraduate training may be of value to a nurse in four different ways:

> It may help her: (1) To brush up her general training where she has grown rusty; (2) to fill certain gaps and remedy weaknesses in her previous training; (3) to specialize along definite lines and so advance her professional usefulness and training; and (4) to enlarge her general nursing experience and give her new ideas and methods from other institutions and localities.

There is no question but that in almost every part of the country there are many opportunities for nurses to be helped in the first, second and fourth ways. The training in a special field is not quite so easily found. By far the greater number of courses, even in special hospitals, are the same as those offered affiliating students and this is true whether such courses are called "postgraduate" or "added experience." In some ways the latter term seems the more accurate one.

A classification of the so-called postgraduate students provokes further thought. Out of 318 so-called postgraduate students, 134 are listed as making up deficiencies. The youthfulness of the greater number of the postgraduates adds pertinence to the questions raised.[2] Why do they have to make up deficiencies so soon after graduation?

It is to the credit of the student nurses and the postgraduates that these two groups are reported as working happily together under the same conditions, but *is it stimulating to either group?*

Some schools offer opportunities "to specialize along definite lines," though these do not seem to have been worked out in as great detail, or provided for as fully, as other courses.

The places where the hospital postgraduate courses are offered, with some of the main facts that prospective students will want to know, may be found in Table I. The different types of courses appear in columns. A glance at any one of these columns will show all the places which reported themselves as giving courses in a subject; for example, Pediatrics or Obstetrics.

Educational Requirements.—There seem to be a great many ways of expressing these requirements, though in general they mean pretty much the same thing. The one most frequently stated is that the applicant should be registered in, or eligible for registration in, the state in which she graduated, though sometimes the requirement is eligibility for registration in the state in which the postgraduate school is located. This may mean something quite different, because the state laws vary to such a marked

[2] California.

extent. Occasionally the requirement is graduation from a three-year course and this is reasonable when the work offered is really postgraduate work, but less so when it is the same as that given affiliating students. A graduate of a two-year course may be supposed to have greater need of making up deficiencies than a graduate of a three-year course, if the length of the basic course has any significance.

In one instance a school "accepts a graduate nurse who plans to register," and this statement means that the applicant will be given the courses and experience that will enable her to register. This is an extremely generous arrangement, and it is not surprising to find that this school has a special supervisor to look after the postgraduates and affiliates, educationally, socially, and in any other way that will help them to make a happy adjustment to their new environment.

Living Conditions.—The maintenance of the postgraduates, including laundry, often forms the crux of the problem, for in many places where there is abundant clinical material, the housing accommodations are limited. In every school visited there was evidence of a desire to be as hospitable as possible to the postgraduates. Where the school has a good residence, the postgraduates are found occupying single or, in some instances, double rooms, quite as attractive and comfortable as those the school provides for its own students. In some places the postgraduate student is given an allowance in order that she may live out.

The hours on duty are usually the same as for student nurses. Inasmuch as only a limited number of our schools have reasonable hours (44 per week) for the student nurse, it follows that the hours of work required of postgraduates are long. One good point is that postgraduates are rarely required to serve on night duty.

Rules and Regulations.—Much might be written on this subject for there is great variety of opinion about it. Several schools report that they have discontinued giving postgraduate courses because they did not find the postgraduates helpful in maintaining the morale of the student nurses. One principal writes, "The postgraduates we have had have shown very little sense of responsibility toward their profession and very little loyalty to the school in which they are supplementing their training." Perhaps the most serious charge of all is that prospective postgraduate students do not keep their word. They often agree to report on a certain day and fail to do so, while those who do write of their change of plan, usually do so too late for the school to secure another student in their place. It is disturbing to hear such a statement about nurses repeated over and over again. What is the cause for this particular failure of nurses to fulfill their contracts? It would be interesting to know whether an equal number of women in any other activity would be as lax.

A promise to report on a certain date amounts to a contract between the applicant and the principal, with mutual obligation. The principal is expected to reserve housing accommodations and to plan a program of instruction for the student, and the student is under obligation to report on time. I have never heard of the first part of this contract being broken, but the second is constantly disregarded. Such unreliability lessens mutual trust and good will. Perhaps those nurses who fail to keep such engagements do not realize that they have kept out others who might have valued the opportunity more than

they. Under existing hospital conditions each nurse is responsible for the care of a certain number of patients. Who, then, is to take over the work which was allotted to the nurse who has not appeared? We all know that the other nurses will do extra work, but each patient will have less time and care devoted to him. The responsibility for this will rest on the nurse who failed to keep her contract.

On the other hand, some schools require the postgraduate to live up to the same "rules and regulations" as the student nurses and to be an example to the students. This may sometimes seem irksome to the postgraduate, but it does help us to keep up our own morale if we know we are responsible for keeping up that of another. The extent to which we resent rules and regulations is usually dependent on their source, their justice and the person who enforces them. In a few schools the faculty and postgraduates seem to be working at cross purposes, without realizing it, but with the same results as if it were intentional. Perhaps conferences or some other means to promote understanding and coöperation might prevent this. Unfortunately, some schools admit postgraduates only at times when there are vacant rooms in the nurses' residence. This means that students may be admitted one at a time. The resulting loneliness of the student may be coupled with an utter absence of any definite plan for her instruction. Hospitals are busy places, with many different groups whose duties and privileges are definitely outlined, and an outsider introduced without any special plan for making the time spent valuable to her is in an anomalous position, and she may feel injured or ill-treated.

In the instance quoted, where a special supervisor is assigned to look after the postgraduates and affiliates, the various groups seem to be working together in a happy and coöperative way. In this school the postgraduate students are admitted in classes, and the first morning, before going on duty, the postgraduates and affiliates meet together and are introduced to the Principal of the School, the Assistant Principal, the Instructor, and the President of the Student Government Association. This is made an occasion, it is a courteous way of admitting new groups to the school family, and it tends to make them feel at home, which is in marked contrast to the many places where nothing is done to prevent them from feeling that they are outsiders and do not belong.

Tuition or Allowance.—There is probably a wider range here than in any other detail, all the way from no tuition to a matriculation fee of $10 and a tuition fee of $20 per major subject, and from no allowance to an allowance of $50 per month. This raises the question of motive. Why do nurses take postgraduate courses? There is little agreement in the answers to this question. Is it a case of "any port in a storm," as a number of principals think, or is it really a desire to advance educationally and thus fit oneself for better service? And yet how can the second motive operate unless postgraduate courses are organized on an educational basis? If the postgraduate student has just finished a three-year course in a school of nursing, and a number of such students were met on my visits, it is easy to understand that the allowance may be a determining factor, but it is challenging to note that the school charging a matriculation fee of $10 and a tuition fee of $20, per course, is the only one giving courses that are allowed academic credit.

Would it be fair to pay the post-

graduate for the work she does over and above the work required to pay for what she is getting from the school? This would mean that some relationship existed between the hours of work exacted of the student and the hours of instruction given her, as well as the maintenance and allowance. There is little evidence that such relationships are recognized.

Methods of Teaching.—The number of hours of instruction varies from 15 minutes to 15 hours per week. More time seems to be spent on individual instruction than in any other way. Individual instruction, if good, is probably the best way to meet the needs of postgraduates, so this seems cause for congratulation.

Certificate or Diploma.—Some schools make a different requirement for a certificate than for a diploma, giving a certificate for a shorter course and a diploma for a longer one. One place, among all those reporting, offers postgraduate courses which are accepted for college credit. It seems time to consider whether or not this could be worked out elsewhere. At present, many nurses are trying to have their professional preparation in the school of nursing recognized as worthy of academic credit toward a degree. It is not always easy to secure such recognition or the amount of credit desired, because courses in schools of nursing rarely meet academic requirements, but it would seem possible to work out postgraduate courses on this basis. In fact, the postgraduate group being a smaller and presumably better prepared group, it might be easier to work out necessary changes for them rather than for the larger group of undergraduates. And, who knows? This might be the way to begin making the changes in our schools that will put them on a true educational basis. It might even be found that this motive to secure academic credit is the strongest and most responsive to which we can appeal.

Accreditation.—Postgraduate courses which are similar to courses given affiliated students are accredited by the Educational Director of the state, if there is one, or by the State Board of Nurse Examiners. This oversight is primarily in the interest of the affiliates, not the postgraduates. It is the part of wisdom to note that some postgraduate courses are not accredited in any way. This does not mean that there are not among them good courses; without doubt many of them are exceptionally good, but it is equally true that others are not. It is exceedingly difficult to point out the differences, because standards for judging postgraduate courses have never been worked out. We all need to check what we think we are doing, with what we are actually doing, and the lack of any checking or accrediting is a doubtful distinction.

Additional Opportunities.—In the course of this study we found a number of hospitals offering courses in anesthesia, laboratory technic, x-ray, and physiotherapy, which lead to positions of various kinds. Nurses seem to be preferred as students. Our knowledge of these courses, other than that they are given, is limited. In some instances the Director of Nursing accepts the student and provides food and shelter, but has no jurisdiction over the course given. Such information as we have is summarized in Table II.

Schools Offering Postgraduate Courses to Colored Nurses.—These are listed in Table III and are included in Table I, so that details about them can be found in Table I.

In this study no attempt has been made to list universities or colleges that admit nurses to courses leading to

TABLE I

State	City	Hospital	Admission Requirements	Living Conditions	Monthly Allowance	Certificate or Diploma	Accredited by Whom
Ala.	Birmingham	Norwood	Grad. nurse	M. & L.[1]	$25	D.	St. Bd.
Calif.[2]	Los Angeles	L. A. Co. Genl.	H. S., basic[3] course ac. sch.	M.	30	C. 3 yr. D. to own stud.	St. Bd. also St. Bd., N. Y.
	Los Angeles	Meth. Epis. of So. Cal.	4 yrs. H. S., rec. by supt. own sch.	M. & L.	15	D.	St. Bd.
	Los Angeles	Good Samaritan	4 yrs. H. S., grad. of ac. sch.	M. & L.	10	D.	....
	Oakland	Fabiola	4 yrs. H. S. if recent grad.[3]	M. & L.	20	C.	St. Bd.
	Oakland	Highland	H. S. grad. & St. Bd. req.	M. & L.	15	C.	St. Bd.
	San Diego	Mercy	4 yrs. H. S., grad. 100-bed hosp.	M. & L.	20	C.	St. Bd.
	San Francisco	Children's	Grad. ac. sch.	M. & L.	15	C.	St. Bd.
	San Francisco	Mary Help	H. S., grad. ac. sch.	M. & L.	20	C.	St. Bd.
	San Francisco	San Francisco[2]	4 yr. H. S., grad. 100-bed gen. hosp.	M. & L.	12	C.	St. Bd.
	San Francisco	U. of Cal.	Grad. ac. sch.	M. & L.	No	D.	St. Bd.
	Santa Barbara	Knapp Coll. of Nursing[2]	.....	..	....	....	....
Colo.	Denver	U. of Col. Sch. of Nursing	H. S., grad. ac. sch.	M. & L.	50	C.	St. Bd.
D. C.	Washington	Walter Reed, Army Sch. of N.	Own grads.	M. & L.	No	D.	....
	Washington	St. Elizabeth's	R. N.	M. & L.	24	D.	....
Fla.	Jacksonville	St. Luke's[4]	2 yrs. H. S., grad. reg. sch.	M. & L.	30	C.	St. Bd.
Ga.	Milledgeville	Ga. St. San.	H. S. grad.	....	..	D.	St. Bd.
Ill.	Chicago	Lying In	Grad. ac. sch. el. for reg.	M. & L.	10[5]	C.	St. Bd.
	Chicago	Chi. State	Grad. nurse	M. & L.	..	....	....
	Chicago	Ill. Tr. Sch.	.....	....	..[6]	C.	St. Bd.
	Chicago	Michael Reese	Grad. ac. sch.	M. & L.	8	C.	St. Bd.
La.	New Orleans	Charity	4 yrs. H. S. grad. ac. sch., rec. for prof. standing since	M. & L.	15	C.	St. Bd.
Md.	Baltimore	Johns Hopkins	H. S., R. N own state	M. & L.	..	C., exc. in Obst.	Not ac.
	Baltimore	Mercy	4 yrs. H. S.	M. & L.	..	C.	....
	Towson	Eudowood San.	1 yr. H. S., grad. genl. hosp.	M. & L.	25	C.	St. Bd.
	Towson	Sheppard & Enoch Pratt	4 yrs. H. S., R. N.	M. & L.	50	C.	St. Bd.
Mass.	Boston	Children's[7]	3 yr. ac. sch.	M. & L.	..	C.	St. Bd.
	Boston	Eye & Ear	4 yrs. H. S., grad. ac. sch.	M. & L.	20	C.	Not ac.
	Boston	Lying In	4 yrs. H. S., grad. 50-bed gen. hosp.	M. & L.	10	D.	....
	Boston	N. E. for Women Children	Grad. ac. sch.	M. & L.	15	C.	....
	Waverly	McLean	4 yrs. H. S., grad. 100-bed gen. hosp.	M. & L.	45	C.	St. Bd.
Mich.	Detroit	Grace	R. N.	Meals	..	....	....
	Detroit	Herman Kiefer	2 yrs. H. S., grad. 50-bed gen. hosp.	M. & L.	45	C.	St. Bd.
	Detroit	Woman's	2 yrs. H. S., elig. R. N. in Mich.	M. & L.	45	C.	St. Bd.
Minn.	Minneapolis	Eitel	4 yrs. H. S., grad ac. hosp.	Meals L.	10	D.	St. Bd.
	Nopeming	Nopeming San.	Grad. nurse	M. & L.	..	....	....
	Rochester	St. Mary's	Good surg. nurse	Meals L.	..	C.	St. Bd.
	St. Paul	Gillette St. for Children	4 yrs. H. S., grad. ac. sch.	M. & L.	30	C.	St. Bd.
Mo.	Kansas City	St. Luke's	4 yrs. H. S., grade A hosp.	M. & L.	..	C.	St. Bd.
	St. Louis	City Hosp. No. 2[8]	Grad. ac. sch.	M. & L.	25	C.	....
	St. Louis	Wash. Univ., Barnes	H. S., Grad. reg. sch., rec. by supt.	M. & L.	10	C.	St. Bd. not by univ.
		St. L. Children's	Same	....	..	....	....
		St. L. Maternity	Same	....	..	....	....

TABLE I

Months Spent in the Following Courses

Communicable	Dietetics	Eye, Ear, Nose, Throat	Gynecology	Medicine	Obstetrics	Operation Room Technic	Orthopedics	Out-Patient Department	Pediatrics	Private Duty	Psychiatry Neurology	Surgery	Tuberculosis	Administration, Instruction, Supervision
...	...	...	...	?	?	?	?	?	?	...	...	?	...	...
4	...	...	...	...	4	4-8	...	...	4	...	4	...	...	4-8
...	...	...	...	...	4	...	...	...	...	...	...	4	...	4
...	...	...	...	...	1 yr[20]	...	...	...	...	...	...	...	...	...
...	...	...	...	...	3-4	4	...	...	...	4	...	...	...	2-4
2-4	...	...	...	...	...	...	...	...	1½-3	...	2-4	4	2-3	4-8
...	...	...	...	...	...	...	...	...	...	...	...	4	...	...
1½	...	...	...	...	3	...	...	...	3	...	...	...	...	...
...	No detail	s of cou	rse give	n	4-8	...	...	...	...	...	...	4-8	...	4-8
...	...	...	...	...	...	4	...	4	...	...	...	...	...	4-8
Cours	es not a	tated	...	...	...	...	...	...	...	...	3-6	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	?	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	4	...	...	...
3	..	...	...	2	2	3	...	...	...	...	...	2	...	...
...	...	...	...	...	...	...	...	...	...	...	3 plus	...	...	...
...	...	...	...	...	4	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	4-6[11]	...	...	...
3-6	...	...	...	4-6	3-6	6	...	4-6	4-6	...	4-6	4-6	...	6-9[17]
...	1½	...	...	4½	3	4-6	...	...	4-6	...	...	4½	...	...
...	...	...	...	4	4	...	...	...	4	...	...	4	...	...
...	...	...	...	...	3[13]	4	...	...	4	...	6	...	...	...
...	...	...	...	...	4	...	...	...	...	...	...	4	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
...	...	...	...	...	...	...	...	...	...	...	3	...	...	...
...	...	...	...	...	...	...	...	...	4	...	...	...	...	...
...	...	2-3	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	3	...	...	...	...	...	...	...	...	...
...	...	...	...	...	3	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	4	...	...	...
...	?	...	...	...	...	?	...	...	...	...	...	...	...	...
3[14]	...	...	...	...	...	...	...	...	...	...	...	...	[18]	...
...	...	...	4	...	6	...	...	in Obst	...	...	...	...	...	...
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...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
...	...	...	...	...	...	5	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	6[15]	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	7
...	...	...	...	4-6	4-6	...	...	...	...	...	...	4-6	...	...
...	4	...	...	...	...	...	...	...	...	...	...	2	...	...
...	...	...	...	...	...	...	...	...	4	...	...	...	...	...
...	...	...	...	...	4	...	...	...	...	...	...	...	...	...

TABLE I (*continued*)

State	City	Hospital	Admission Requirements	Living Conditions	Monthly Allowance	Certificate or Diploma	Accredited by Whom
N. Y.....	Brooklyn	L. I. College [16]	Grad. nurse	M. & L.	..	C.	St. Bd.
	New York	Harlem (colored postgrads.)	.....	....	..	....	....
	New York	Lying In	R. N. own state	M. & L.	$10	D.	St. Bd
	New York	Man. Eye, Ear, Nose & Throat	R. N. own state	M. & L.	30	....	St. Bd.
	New York	Man. Maternity	Grad. reg. sch. own state	M. & L.	..	....	....
	New York	Memorial	Elig. R. N., N. Y.	M. & L.	50	....	St. Bd.
	New York	Montefiore	1 yr. H. S., reg. own state	M. & L.	(tuition $20)	C.	St. Bd.
	New York	Neurological	.....	M. & L.	30	C.	....
	New York	N. Y. Orthopedic	Grad. reg. sch. own state	M. & L.	30	D.	No
	New York	N. Y. Postgraduate	1 yr. H. S., R. N. own state	....	..	C.	....
	New York	Nursery & Child's	R. N. or elig., N. Y.	M. & L.	25	D.	St. Bd.
	New York	Polyclinic	Grad. sch. reg. in N. Y.	M. & L.	20	C.	No
	New York	Presbyterian	Grad. hosp. good standing	M. & L.	50–75 [9]	Letter	....
	New York	Sloane	Elig. R. N., N. Y.	M. & L.	..	D.	St. Bd.
	New York	Willard Parker	Grad. ac. sch. own state	M. & L.	50	....	St. Bd.
	New York	Woman's	Grad. R. N. own state or elig.	M. & L.	15	C. (3 mo.) D. (6 mo.)	St. Bd. (Obstet.)
	White Plains	Bloomingdale	Grad. recog. sch.	M. & L.	40	C.	....
No. Car..	Sanatorium	N. C. State San.	R. N.	M. & L.	..	C.	St. Bd.
Ohio.....	Cincinnati	Bethesda	R. N.	M. & L.	8	C.	St. Bd.
	Cleveland	Children's	Grad. ac. sch., elig. R. N.	M. & L.	25	C.	Not ac. by West. Res. U.
	Cleveland	Maternity	1 yr. H. S., grad., 3 yr. reg. sch.	M. & L.	25	D.	St. Bd.
Pa.	Philadelphia	Grad. Sch. of Medicine	R. N. own state	M. & L.	15	C.	....
	Philadelphia	Penn., Dept. Mental Dis.	Grad. ac. sch., rec. for course [10]	M. & L.	30	C.	St. Bd.
	Philadelphia	Phila. Gen.	R. N. or elig. on completion of course	M. & L.	..	C, if 9 mos.	St. Bd. if req. met
	Philadelphia	Phila., for Contagious Dis.	R. N.	M. & L.	42	C.	St. Bd.
	Philadelphia	West Phila., for Women	Grad. rec. sch.	M. & L.	25	C.	St. Bd.
	Philadelphia	Woman's	Grad. ac. sch., R. N. own state or elig. after course	M. & L.	25	C.	....
	Reading	St. Joseph's	.....	....	..	....	....
R. I.....	Providence	Butler	Grad. ac. sch.	M. & L.	20	C.	St. Bd.
So. Car....	Spartanburg	Spartanburg Gen.	Grad. nurse from State Hosp. & T. B. San.	M. & L.	15	D.	St. Bd.[21]
Tenn.....	Memphis	St. Joseph's	.....	....	..	C.	....
Va.....	Sanatorium	Blue Ridge San.	2 yrs. H. S., grad. nurse	M. & L.	25	C.	St. Bd.
Wash.	Tacoma	St. Joseph's	H. S., ac. sch.	M. & L.	..	C.	St. Bd.

[1] Maintenance and laundry.
[2] In California a basic course of 28 months is approved by the State Board. Graduates are encouraged to take 8 months additional work which is advanced. Postgraduate courses, as such, are not under the supervision of the Bureau of Registration of Nurses.
[3] Older nurses have individual consideration.
[4] An occasional student.
[5] Registration fee of $10, which is returned.
[6] Matriculation fee, $10. Tuition, $20 per major subject over 6 hours per quarter. Allowance, $10–25 per month coöperative service.
[7] Added experience.
[8] Colored nurses only. Temporarily discontinued.
[9] Increased for Operating Room at end of period of training.
[10] Foreign students considered on their merits.

TABLE I (*continued*)

Communicable	Dietetics	Eye, Ear, Nose, Throat	Gynecology	Medicine	Obstetrics	Operation Room Technic	Orthopedics	Out-Patient Department	Pediatrics	Private Duty	Psychiatry Neurology	Surgery	Tuberculosis	Administration, Instruction, Supervision
					Months Spent in the Following Courses									
...	...	...	3	...	3	3	...	...	...	...	...	3	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	3	...	...	...	...	...	...	...	...	...
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[11] Four months course same as for affiliates; 2 additional months are really postgraduate.
[12] Teaching of nursing and fundamental nursing services and administration to be arranged.
[13] Experience, not regular course.
[14] Including tuberculosis.
[15] Including orthopedics and occupational therapy.
[16] Dependent on housing accommodations.
[17] Cancer only. Just starting, 1929.
[18] Applicant must remain to end of year.
[19] In combination or separately.
[20] "We do not offer a postgraduate course. Occasionally the State has asked us to take a graduate for a course in obstetrics."
[21] Six months or one year course in surgical, medical, obstetrics, pediatrics, operating room and communicable diseases.

TABLE II

ANESTHESIA

Hospital	Location	Months in Course	Tuition	Living Conditions	Certificate or Diploma
Hartford	Hartford, Conn.	7	?	?	?
St. Francis	Hartford, Conn.	3	....	.....	..
St. Francis	Wilmington, Del.	..	....	.....	..
St. Luke's	Chicago, Ill.	?	....	.....	..
Ravenswood	Chicago, Ill.	4	$150	Noon meal	D.
Charity	New Orleans, La.	3	$100	.....	C.
Johns Hopkins	Baltimore, Md.	..	....	.....	..
Grace	Detroit, Mich.	..	$200	.....	..
Eitel	Minneapolis, Minn.	..	....	.....	..
Kahler School	Rochester, Minn.	?	....	.....	..
Lakeside	Cleveland, O.	?	?	?	?
Long Island Coll.	Brooklyn, N. Y.	8	..	M. & L.	C.
Postgraduate	New York, N. Y.	8	..	M. & L.	D.
Presbyterian	New York, N. Y.	4–6 [1]	No, allowance $15 per mo.	M. & L.	..
Grad. Sch. of Medicine	Philadelphia, Pa.	4	?	?	C.
Howard	Philadelphia, Pa.	3	$100	Meals	D.
University	Philadelphia, Pa.	?	?	?	?
St. Joseph's	Reading, Pa.	4	?	Live outside	?
St. Joseph's	Tacoma, Wash.	6	?	?	C.-D.
Wheatland [2]	Wheatland, Wyo.	3	No, allowance $25 per mo.	M. & L.	C.

LABORATORY TECHNIC

Hospital	Location	Months in Course	Tuition	Living Conditions	Certificate or Diploma
Norwood	Birmingham, Ala.	?	?	?	D.
Walter Reed, Army School [3]	Washington, D. C.	?	....	.....	..
Grace [4]	Detroit, Mich.	?	$75 per course	.....	..
Eitel [5]	Minneapolis, Minn.	?	?	Meals	D.
Grad. Sch. of Med.	Philadelphia, Pa.	12	?	?	C.
St. Joseph's	Tacoma, Wash.	12	?	?	C.-D.
Wheatland Genl.	Wheatland, Wyo.	6	No, allowance $25 per mo.	M. & L.	C.
St. Luke's	Chicago, Ill.	..	....	.....	..

PHYSIOTHERAPY

Hospital	Location	Course in months
Norwood	Birmingham, Ala.	?
Grace	Detroit, Mich.	?
Gillette State for Children	St. Paul, Minn.	1–2
Montefiore	New York, N. Y.	1
Grad. Sch. of Medicine	Philadelphia, Pa.	1
Battle Creek San.	Battle Creek, Mich.	4

X-RAY

Hospital	Location	Months in Course	Tuition	Living Conditions	Certificate or Diploma
Norwood	Birmingham, Ala.	?	?	.....	C.
St. Luke's	Chicago, Ill.	..	....	.....	..
Mass. General	Boston, Mass.	2	?	Lunch	No
Univ. of Michigan	Ann Arbor, Mich.	8	....	M. & L.	..
Grace	Detroit, Mich.	?	$75(?)–200(?)	.....	..
Eitel	Minneapolis, Minn.	..	....	.....	..
Grad. Sch. of Medicine	Philadelphia, Pa.	12	?	?	C.
St. Joseph's	Tacoma, Wash.	?	?	?	C.-D.
Wheatland Genl.	Wheatland, Wyo.	6	No, allowance $25 per mo.	M. & L.	C.

[1] Applicant remains to end of year and allowance is increased after 6 months.
[2] Own graduates only. [3] Open only to own graduates.
[4] Must be R.N. [5] For graduates of accredited schools.

TABLE III

SCHOOLS TAKING COLORED STUDENTS

Norwood Hospital Inc.	Birmingham, Ala.	Separate school for colored nurses
Los Angeles County General Hospital	Los Angeles, Calif.	
University of California Hospital	San Francisco, Calif.	
Chicago Lying-In Hospital	Chicago, Ill.	
City Hospital No. 2	St. Louis, Mo.	
Harlem Hospital	New York, N. Y.	
North Carolina State Sanitarium	Sanitarium, N. C.	

TABLE IV

SUPERVISION—ADMINISTRATION—TEACHING

Hospital	Location	Course
Los Angeles General Hospital	Los Angeles, Calif.	4–8 mos.
Methodist Episcopal Hospital of Southern California	Los Angeles, Calif.	4 " S. and A.
Fabiola Hospital	Oakland, Calif.	2–4 " S. and A.
Highland Hospital	Oakland Calif.	4–8 " S. and A.
University of California Hospital	San Francisco, Calif.	4 " S. and A.
		4 " Teaching
Illinois Training School	Chicago, Ill.	6–9 " Adminis.
St. Luke's Hospital	Kansas City, Mo.	Yes. Executive course in Training School Office

degrees. These are usually more truly described as postgraduate courses than those included in our list. But in addition to the regular degree courses offered by Yale University School of Nursing, through the provision of scholarships by the Rockefeller Foundation, a number of so-called special students have been enabled, over periods of from two weeks to eight months, to observe and study the curriculum and methods of this school. The scholarships made provision for the living expenses of the student and a tuition fee based on the usual University charges.

To sum up, this study has brought to the surface three exceedingly interesting developments in connection with the postgraduate courses given by hospital schools of nursing. The first is the fact that one school gives postgraduate students courses that are recognized and given credit by a neighboring university. It is natural to ask, if this can be done in one place, why not in others?

The second is the special supervisor found in one school, to look after the interests of the postgraduates and affiliates. Of course this is in a large school where there are a number of students of both types. But what it means can easily be imagined, and it may be one of the reasons why the school in question is popular with postgraduates and it is possible to have a number of them getting the special preparation they are looking for in order to fit them for definite tasks.

The third point is the willingness of certain principals to give courses that meet the needs of the applicant even when this means something different for each student. This is very generous because principals of schools of nursing have such a narrow margin of time for extra tasks, and planning for each student consumes time. It is probably the most encouraging feature of the whole problem, and prompts one to believe that the evolution of still better postgraduate courses is possible.

TABLE V

SUMMARY: METHODS OF TEACHING

Class	37 schools gave from ½ to 9 hours per week 9 schools stated the "Class" method was used but did not state length of class periods
Conference	18 schools had conferences, 15 minutes to 12 hours per week 7 schools had conferences, no time stated
Lecture	38 schools used lecture method, periods 45 minutes to 15 hours per week 9 schools used lecture method, no time stated
Excursions	11 schools used excursion method, time ½ hour to 1½ hours per week 2 schools used excursion method, time 1 hour during each month 5 schools used excursion method, no time stated
Individual Instruction	8 schools gave individual instruction averaging 1 to 15 hours per week 1 school gave individual instruction "if necessary" 10 schools gave individual instruction, no time stated
Oral or Written Reports	8 schools devoted 1 to 5 hours to this method 7 schools time not stated 2 schools had written reports once a month 1 school had written reports "if necessary"
Case Reports	13 schools used case report method, time ½ to 6 hours per week 7 schools used case report method, no time stated 1 school used monthly case report, no time stated
Supervision	6 schools stated supervision was employed from ½ to 37 hours per week 10 schools stated supervision was employed, no time stated
Clinic	3 schools used clinic method from ¾ to 8 hours per week 3 schools used clinic method, no time stated
Attendance at Court	1 school, students averaged 12 hours per week at Court and Lunacy Commission hearings
Examinations	48 schools had only final examinations 6 schools had from 15 minutes to 1½ hours weekly examinations 1 school had 1 hour weekly examination and finals

Questions

Several times I have met the statement that asparagus should be omitted from the diet of pregnant women. Will you tell me why it is contra-indicated? Is it contra-indicated in nephritis, and why?

Answer.—Our consulting dietitian answers these questions as follows: "During pregnancy there is a tendency to kidney complications. Asparagus is not a purin-free food and the formation of purins in the body and their elimination in the form of uric acid are especially significant in this condition when the body may have difficulty in eliminating these compounds. These facts are stated in a paper on 'Newer Points of View Regarding the Part Played by Different Food Stuffs in Nutrition,' read by Dr. Lafayette Mendel at the 65th Annual Meeting of the American Medical Association in 1914.

"Purins also have a more or less toxic effect. For this see 'Practical Dietetics' by Dr. W. Gilman Thompson, pages 204 and 809. Nephritis is being classified today under more than one heading, but in general the same conditions prove true. If the kidney is to be relieved of extra work, asparagus would be eliminated from the diet."

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

The National Convention of the American Red Cross

MOTHER NATURE put her best foot foremost for the delegates to the eighth National Convention of the American Red Cross—946 adults and 130 junior delegates.

Washington was never more beautiful. Bright sunshine, the tender greens of trees and shrubs, the fragrance of spring flowers and the call of the cardinal combined to make the occasion one of enjoyment as well as profit. Even an occasional April shower did little more than freshen the growing things, for it certainly did not dampen the energy of the guests. Many came long distances in their automobiles and were sufficiently energetic to arise at an early hour in order to visit the parks and interesting historical sites before the morning sessions began.

The program, as usual, was an interesting one and contained the names of national as well as international figures. There were general sessions, plenary sessions, round tables and conferences, and through each, like a golden thread, the influence of the nurse could be traced.

The most careful consideration was given to the question of disaster preparedness—better organization in the chapter, better preparation of personnel, and development of coöperative arrangements—national, state and local. Perhaps this subject was the moving theme throughout the Convention.

The Red Cross Nurse at the Convention

EIGHTY Red Cross nurses, exclusive of the national staff and many local nurses who attended one or more sessions, registered. They came either as delegates from State Associations of Nurses or Red Cross Chapters, as Chapter Public Health Nurses, Instructors of the Course in Home Hygiene and Care of the Sick employed by Red Cross Chapters, also from State and Local Committees on Red Cross Nursing Service, or as guests. It was, indeed, a rare pleasure to the national staff to welcome so many old friends and also to become acquainted with our Chapter Nurses, Committee members and Red Cross Nurses, many of whom were visiting Washington for the first time.

The occasion offered a golden opportunity for exhibiting and explaining the files of enrolled nurses to our Committee members. It has been well said that no one can really visualize the proportion and completeness of these individual records until they have actually seen the long and impressive rows of steel cabinets in which they are kept. Seeing at first-hand something of the system and method employed for keeping the enrollment active gives the observer a fairly clear picture of the details incident to the satisfactory completion of a single enrollment.

There were no special sessions restricted to nursing phases of the Red Cross program. The nurse delegate or guest became upon this occasion, as

an official delegate or guest, a part of the whole, and participated in the general program as would any other Red Cross member.

The only occasion upon which the nurses met as a group was at an informal dinner on the opening night. Sixty-eight were present. There were no speeches, no place cards, no speakers' table, each person sat where she chose, the entire group going afterwards as a body to the opening evening session.

Ten State Associations sent delegates. Many more might have been repesented had they taken advantage of guests or delegates who were planning to attend. Questions upon this point, raised in advance at nurses' meetings, will frequently help to locate such individuals. The staff at National Headquarters will keep this in mind in the future and will notify the State Associations when the names of nurses who are planning to attend are obtained.

The Red Cross Luncheon

AT the luncheon for the delegates, given at the Willard Hotel on April 23, over eight hundred guests in attendance listened to three inspiring and thrilling addresses, carried by a nation-wide hook-up to millions of invisible listeners. Brief extracts from each are included for the benefit of our readers.

Said Archbishop Michael J. Curley of Baltimore:

I plead today for an extension of our Red Cross membership until we can call a roll of every adult American. I would like to see the children listed in the organization by their parents. This plea I make not altogether because of the consequent added power and working efficacy of the enlarged organization. I plead for it because of the spiritual reaction I visualize in our millions of contributing members. This great nation, great in its wealth, its economic power, its universal influence, must retain its own soul, its spiritual life, its other-world ideals on a high plane in order to save itself from the brutalizing force of pyramiding money and mordant materialization that tend to blight a nation's spirit.

Red Cross work done from the high motive of love of our suffering fellowman in God, done in an atmosphere redolent of the sweet charity of Christ, will fill the outstretched hand in time of national need, will dry the tears of widows and orphans, will shelter the homeless, will bring surcease to the sufferings of multitudes and at the same time will ennoble our beloved Republic's soul.

Frank A. Arnold of the National Broadcasting Company, the second speaker, with inimitable grace and ease, among many other interesting statements, said:

The Red Cross is the only organization in the world that shares with the President of the United States the privilege of having "all wires cleared for a message."

It is the only group to whom our facilities are available in great emergencies for the purpose of information and relief. It is the only organization that is ever permitted to use our wires for raising emergency funds.

William Green, President of the American Federation of Labor, praising the Red Cross, renewed allegiance of his organization and its members to Red Cross service. Archbishop Curley and Mr. Green are both members of the Board of Incorporators of the American Red Cross.

It remained, however, for the Honorable Ray Lyman Wilbur, Secretary of the Interior, better known to nurses as Dr. Wilbur, in his address on the opening night, to strike the note that would bring a quick response from Red Cross nurses.

With the increased facility for inter-communication, all parts of the world are growing closer together and an inter-dependent economic structure of world scope has been created. People of the world are seeking methods of understanding each other and need to develop those bonds of friendship so vital to ordinary human association. Whole peoples and nations must deal with each other in a sympathetic manner. The Red Cross has furnished, up to date, the most satisfactory

method of uniting the human family. It enters individual and national life in the most telling manner. The nursing instinct and the benevolent desire to care for the sick, the distressed and the injured, is one of the outstanding distinguishing characteristics of the human being. The Red Cross nurse, and the Red Cross itself, has become the symbol of this great human quality. The study of the history of this great organization indicates the dramatic power of the symbol which can cross battle lines and national borders for human service.

The Red Cross has become so modernized, and its relationships are so extensive, that its contacts are world-wide and its sensitiveness to the need of humanity is ever alert. There are also entering into its activities certain constructive phases. Merely to clothe naked backs, or to fill empty stomachs, is not enough. Plans must be made so that those who are temporarily unable to care for themselves can develop soon their normal powers of self-maintenance. The Red Cross has learned, not only to care for the suffering, but to prevent the suffering of the future. We can visualize, then, this great organization as one of the finest creations of our modern civilization. The Red Cross is truly the symbol of the human heart.

In the vernacular of the day, we heard one nurse say: "If you ask me, I'll say Dr. Wilbur's address was entirely too short." It is, indeed, a rare tribute when anyone says that a speech is "too short."

The Junior Red Cross

A REPORT of the Convention would be most incomplete without mentioning the "Juniors" and their participation. One hundred and thirty delegates from high schools with Junior Red Cross organizations attended. They conducted their own meetings, made their own reports, and otherwise entered into the spirit of the occasion with all the enthusiasm and *savoir faire* of the more experienced adult Red Crosser. Said Dr. Farrand, some years ago, with prophetic farsight:

> To me, the embodiment of and one of the most inspiring things in the Red Cross is the Junior Red Cross idea. Why? Because it seeks in a wide and persistent way to implant in the minds of boys and girls the fundamental idea that the highest patriotism is that of rendering service to someone else than themselves and in the last instance to their country.

What a wonderful power for international peace these twelve million boys and girls in the schools of fifty-two nations of the world may become!

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Mrs. Pauline Abrahamson, *née* Proctor; Gladys M. Adams; Mrs. C. D. Adams, *née* Marion V. Dunn; Mrs. A. M. Alexander, *née* Freda M. Hanks; Mrs. John Allen, *née* Ruth F. Doran; Mrs. Beatrice Helena Boroughs; Mrs. Lethea Jane K. Brown; Mrs. Byron Coulters, *née* Betsey Henrietta Barney; Mrs. S. G. Froiland, *née* Clara C. Solem; Beatrice M. Gosling; Edna Mae Hoffa; Mrs. J. D. Marshall, *née* Susan R. House; Mrs. Sadie Forrestine Ruehl, *née* Culbert; Norah Christena Sharp; Ethel Veronica Cecelia Smith; Caroline Belle Summers; Margaret Toman; Georgia Mae Wester; Mrs. Maude Rousseau White; Sadie Mary Willette; Mrs. Florence E. Wilson, *née* Faulhaber; and colored nurses—Mrs. Ida Elma Campfield, *née* Aikens; Eliza J. Rorie; Eva Ann Simms.

"I have not to my knowledge been infected with any venereal disease, or if I have been so infected within five years, I have had a laboratory test within that period which shows that I am now free from infection from any such disease."—Quoted from New York State Marriage License.

Student Nurses' Page

Case Study

LAURA WEYRICK

Presbyterian Hospital School of Nursing, Chicago, Illinois

Name of Patient—Mr. William M.
Date of Admission—9–24–28
Date of Discharge—10–12–28
Doctor—Dr. Blank. Floor—4th Jones
Student—Laura Weyrick
Class—Junior B
Date Study Began—10–12–28
Date Study Ended—12–29–28
Diagnosis:

Cholelithiasis (gall stones in biliary passages)
Cholecystitis (inflammation of gall bladder)
Pancreatitis (inflammation of pancreas)

History

(a) *Social.*—Mr. M. was a well developed American man about 31 years of age who weighed from 190 to 200 pounds. Mr. M. led a somewhat sedentary life due to his occupation, which was that of a lawyer, but seemingly this fact was no menace to his health. The patient has been married four years and has no children; therefore, his responsibility is to his wife only. His father and mother are both living and well.

His standards of living were very high. He was very intelligent, very devoted to his wife, and apparently, had led a happy, wholesome life. Mr. M. seemed very comfortably situated financially and, therefore, there was no special strain or financial problem due to his illness.

(b) *Health Habits.*—Mr. M. was very active mentally. He used his leisure time before being confined to bed in reading and walking for exercise. His doctor instructed him to lead as normal a life as possible while under observation; and therefore, the patient went for walks each day for exercise. He was very fond of good music and after being confined to bed, gained considerable enjoyment from the radio.

The patient's health habits were above reproach; he was very particular in the care of his teeth, nails, hair, and in general body cleanliness. He stated that he has always had a good appetite, his likes being simple and well-prepared foods. Mr. M. took, on the average, about four cups of tea, and one cup of coffee besides a large amount of water. Alcohol was taken very moderately, called "social drinking." He smoked from one to seven cigars daily. The patient kept quite regular hours, getting from seven to eight hours of sleep a night. Elimination was regular, with one bowel movement each day, cathartics very seldom taken. Infrequently, the patient would have a slight diarrhea.

(c) *Medical History.*—The patient gave no history of typhoid fever which is a predisposing factor to this condition. He has suffered from measles and pneumonia in the past.

There was no history of ulcer obtainable. Mr. M. had a mastoidectomy about eighteen years ago, and a tonsillectomy about two years ago.

Symptoms, Physical Signs and Diagnostic Measures

At the time of admission, the patient was complaining of a pain in the pit of the stomach, a vague distress in the upper part of the abdomen, nausea and vomiting. These symptoms had been present intermittently for the past three years. When the distress started, the patient had about twenty attacks. The pain came on very suddenly with only an uncomfortable feeling as a warning before attacks. The patient relieved mild attacks by a hot water bottle or Epsom salts, but the more severe attacks would last until relieved by a hypodermic of morphine sulphate. The patient stated that at times the pain would be so severe that he would roll on the floor for relief. These attacks are described by McDonald, in his "Essentials of Surgery," as typical cases of gall-bladder colic. The morphine allays the pain until the gall stone passes through the duct into the duodenum. During an attack of gall stone colic, the diet is comparatively fat free, in order not to throw any more work on the gall bladder.

After an attack of colic, there would be a general soreness over the entire abdomen, but confined more to the upper right portion. At times, the vomiting would be quite severe. Also there was a slight yellow tint to the eyes, but this was not marked at any time. This yellow tinge or jaundice is caused by the retention of bile pigments in the liver which are normally excreted in the bile and carried to the intestinal tract. Under pathological conditions, these substances are retained in the liver cells, taken up by systemic circulation, and deposited in the tissues, and especially in the whites of the eyes.

The patient described his feeling between attacks as a "stuffy" feeling which was usually relieved by belching. This discomfort usually came on one-half to three-quarters of an hour after eating and acted like an ordinary case of gaseous indigestion. This indigestion, as the patient called it, was helped some by soda and at times enemata seemed to relieve the distress.

While caring for the patient's stools, which were sent to the laboratory for examination, I noticed various-shaped formations which had the appearance of small stones. Upon crushing a few of these, they had the appearance of crushed lime. No mention was made of this in the laboratory sheets, but they were probably stones which had passed from the gall bladder through the cystic and common bile duct to the duodenum and were expelled with the feces. Usually when there is obstruction of the bile ducts, no bile reaches the tract of elimination therefore, the result is clay-colored stools. When there is obstruction into the intestine, the kidneys attempt to aid elimination and the bile is found staining the urine. In this case, the obstruction was not extensive enough to produce abnormally-colored stools or urine.

Stomach trouble was suspected, and so, on 9–24–28, a motor meal was served. This meal consists of white meat of chicken, two coarse vegetables besides spinach, a seedy fruit, a raw apple, fried potatoes, bread, tea and tea leaves, and a glass of water. The purpose of this large, bulky meal is to test the emptying power of the stomach, which normally should be empty after seven hours. This meal was aspirated after seven hours of

digestion and practically all the food had apparently passed the stomach, which proved no abnormality in this respect.

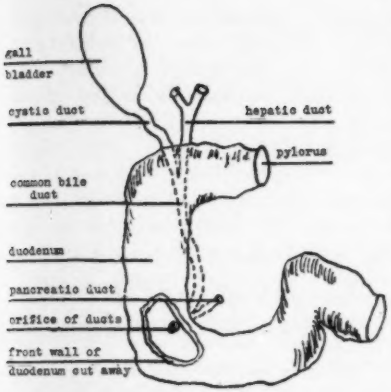
The next day, an Ewald, consisting of two slices of bread and a glass and a half of water, was served. After forty minutes, this was aspirated. The contents showed by chemical analysis, 40 per cent free hydrochloric acid and 75 per cent total acidity. Stevens, in his "Manual of Practice of Medicine", places normal free acid from 25–50 per cent and total acidity at 70–80 degrees. The acid content of the stomach following this test meal was not abnormal. An x-ray of the stomach, following the aspiration, showed good, normal peristaltic waves with the stomach emptying well. At this time, the patient localized the site of the previous pain slightly below and to the right of the stomach. From these tests, there was fair evidence of a normal functioning stomach.

At about 11.30 the following night, the patient complained of a gnawing pain as if the stomach were filling with gas. This pain was most prominent about two inches below the ziphoid process or the lower margin of the breast bone. At this time, the patient was aspirated and upon analysis, the fluid obtained showed 15 per cent free acid and 35 combined acid, which from the above-stated figures, shows no abnormality. No relief was obtained when the stomach was washed and the pain was only more diffuse and in an area two or three inches to the right of the midline of the abdomen. Upon palpation, there was tenderness, but no rigidity. After waiting about one-half hour, without relief or change of pain, Soda Bicarbonate gr. xxx and Calcium Carbonate gr. xxx were given. The purpose of this medication was to neutralize the acid of the stomach which, if the pain were caused by an ulcer, would give complete relief. On the contrary, however, this did not relieve the pain entirely. The pain continued to be about the same at midnight.

At. 1.30 a. m., a gall-bladder dye (Iodeikon) was given intravenously. This dye is about 53 per cent iodine and enters the gall bladder through the blood stream. The patient was instructed to lie on the right side to aid this filling as much as possible. The following day, x-rays were taken at 9 a. m., 12 noon, and 2. p. m. Nothing was eaten before the first two pictures, since this would alter the action of the gall bladder. If the gall bladder is pathological, the dye will not be evenly distributed, the points not taking the dye generally being diagnostic indications of gall stones. After the noon film, a high-fat lunch was served. The purpose of the fat was to increase the action of the liver and the gall bladder, so that the dye would all be removed by the time of the 2 p. m. film. This gall-bladder dye has been manufactured and dispensed in capsule form under the trade name of Kerasol. About a total of twelve capsules are taken, three being taken every fifteen minutes for an hour. The action is the same as the intravenous injection of the dye. The report of these x-rays was that the gall bladder was pathological.

Treatment and Nursing Care

(a) *Medical.*—The following morning (9–28–28), a cholecystectomy, removal of the gall bladder, was performed by Dr. Blank. In order to throw the gall bladder nearer the anterior abdominal wall to facilitate its removal, sand bags are placed under the patient's back. The modern operating tables have elevating devices to secure this position for the operation.



The gall bladder is a pear-shaped sac about four inches long and one inch wide, lodged in a fissure on the under surface of the right lobe of the liver. The liver is below the diaphragm, in front of the right kidney, in front of the pyloric end of the stomach, and the upper part of the ascending colon. The gall bladder serves as a reservoir for the storage of bile. When the bile is needed in intestinal digestion, the bile is thrown off by the gall bladder and enters the duodenum.

The history of the operation gave the following findings. The gall bladder was considerably thickened. It was freed from above downward and contained many stones. A stone was impacted in the cystic duct (duct at outlet of gall bladder) which could not be dislodged. The gall bladder was then opened and more than one hundred stones were removed. The operative removal of gall stones is called a cholelithotomy. Then the stone which was lodged in the cystic duct was removed. Several rubber drains were inserted after the removal of the gall bladder, and the wound was closed in the usual manner. An infection in the gall bladder has a damaging effect on its mucous membrane and there is an interference with the proportions of the constituents of bile. Salts are, therefore, precipitated from the solution which, with the microörganisms, collect into solid masses or stones. These formations harden and grow by continual deposits. The stone is composed of a soapy-like substance, called cholesterol, with calcium, phosphorus, and other salt deposits, and stained with bile. The diagram herewith shows more vividly the possible location of stones, and the various ducts in relation to the gall bladder.

The pancreatitis, inflammation of the pancreas, was caused by the backing up or regurgitation of bile into the pancreatic duct, causing lesions of that organ. With the dislodgment of the stones, the inflammation cleared up without any complications. Cholesterin and bile salts are normal constituents of bile and are normally held in solution, but under certain pathological conditions, these substances are precipitated and deposited in the gall bladder producing the typical symptoms mentioned previously.

(b) *Nursing.*—Previous to the operation, the item of greatest importance in the care of the patient was to report and carefully chart all distress, which is of great importance to aid diagnosis in any case. The tests, as outlined by the doctor, had to be carefully executed by the nurse. Prior to the operation, the patient lived as normally in the hospital as before his admission, and, therefore, there were no special nursing treatments. The nursing care was of most importance following the operation.

Progress and Prognosis.—The patient returned from the operating room in good condition. Tap water retentions were given until fluids could be taken by mouth in sufficient quantities. Morphine sulphate, gr. 1/4,

and atropin sulphate, gr. 1/150 (hypo), were given, both previous to the operation and following the operation. Atropin is of special value before an operation of this kind to dry up or lessen the secretions. It also relieves colic produced by contractions of the involuntary muscles of the bile ducts when gall stones pass. Following the operation, morphine lessens pain and produces sleep by lessening the appreciation of sensations. Atropin supports the heart and is often given with morphine, when considerable quantities are necessary, to avoid poisonous effects of morphine. Rectal tube and 1–2–3 enema (1 part Epsom salt, 2 parts glycerine, and 3 parts water) were given for relief of gas pains. Gas pains occur after a general anesthetic and are caused mainly by the handling and trauma to the organs. The day following the operation, the patient vomited considerable bile. When the stomach became distended, the patient was aspirated and the stomach washed. Chloral hydrate gr. x and sodium bromide gr. xx were given in three-ounce retention enemata as sedatives.

The diet following the operation was liquid, to soft, to full, as the patient tolerated it. The drainage tubes were gradually shortened and finally tube and stitches were removed, on the ninth day following the operation. The patient gradually gained strength and was allowed to sit up in a wheel-chair two days following the removal of the stitches. In two more days, the patient was walking about and was progressing very well. He apparently had not lost much weight during this period and had a good appetite. There was no complaint of distress of any kind parallel to that preceding the operation.

Discharge and Follow-up Items.—On October 12, fifteen days after the operation, the patient was discharged cured. He was able to tolerate a simple, nourishing diet, avoiding rich foods and condiments, since these foods put too much work on the already somewhat damaged liver. The patient returned home and was planning to report to his surgeon for a check-up. He was planning to resume his duties as a lawyer after a time.

What I Learned from This Study

1. The importance of reporting all distress to the doctor.
2. Anatomy and function of gall bladder, liver, pancreas, and their relation reviewed.
3. Methods of differential diagnosis (on basis of symptoms and following symptoms by tests).
4. Special care of surgical case. (a) Care during unconsciousness following operation. (b) Prevention of shock, etc. (c) Antiseptic care of wounds.

What I Taught This Patient.—Because of the patient's intelligence, his good health habits, and high standards of living, there was practically nothing of this nature to teach the patient. To a patient, however, who is admitted to a hospital for observation and is able to be up and about, there was great opportunity to instruct in the importance of coöperation in reporting all distress, no matter how seemingly minor, as a means to diagnosis. Another thing I taught the patient was the necessity of saving specimens of urine, feces, etc. for laboratory analysis.

References

"Dietetics and Dietotherapy," Wheeler and Wheeler.
"Essentials of Surgery," Archibald McDonald.
"Manual of Practice of Medicine," Stevens
"Principles of Surgery for Nurses," Woolf.
"Textbook of Anatomy and Physiology," Kimber and Gray.
"Textbook of Materia Medica," Blumgarten (4th Edition).
"Textbook of Surgical Nursing," Colp and Keller.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

"Leonardo, the Great Amateur"

I

I HAD planned, before seeing your invitation to do so, to write to you my appreciation of Mrs. Church's "Leonardo, the Great Amateur." Since reading Walter Pater's essay on Da Vinci, several years ago, he has held a fascination for me. Elbert Hubbard's essay increased my interest. At present I am reading Rachel Taylor's "Leonardo, the Florentine." The fascination of Leonardo grows greater with every chapter. Truly the author knows and loves her subject.

Nurses especially need a hobby, none more so than the private duty nurse, something which will serve the double purpose of smoothing away the daily irritabilities and of giving a broader background. One hears so often from patients, "What *do* nurses read or do in their spare time? Mine could not even find the sport page in the paper."

I wonder how many nurses in Louisville, last spring, visited St. Joseph's Cathedral at Bardstown, and saw the great paintings there, among them a Reubens, a Murillo, several Van Dycks, and several thought to be the work of Van Eyck, the originator of oil painting in the year 1410. May we not have articles on things of historical and cultural interest, in the cities entertaining our conventions? Then we could plan to take advantage of them.

Tennessee. M. N.

II

I WANT to thank you for the excellent article by Mrs. Church in the April number. Let us have more like it. One of the few complaints that I have heard from patients is that nurses are so seldom well informed, generally, or well read. In private duty, especially in the home, convalescent patients want to discuss everything from baseball to the Einstein theory. One always excuses the nurse, of course, by reminding the patients of her long hours and her necessary study of her own work. Sometimes, however, when I see one reading "True Stories," or a tabloid, I wonder why she doesn't improve her time. Why not with the *Journal?* It is interesting and instructive.

District of Columbia. C. A.

"Cord Dressing"

I VERY much regret your publication of the article entitled "Cord Dressing," on page 404 of the April *Journal.* It really outlines a treatment for umbilical hernia. One would presuppose the contact of a physician with the case described, even when cared for by a visiting nurse. That the nurse should feel called upon to diagnose and prescribe treatment for the condition—umbilical hernia—seems most unfortunate. To the fact that nurses in public health are doing this sort of thing is, in my humble opinion, partly traceable an antagonistic attitude on the part of the medical group toward public health nurses, which we are coming to feel very keenly in my part of the country. I believe the public health nurse's usefulness in the community is definitely circumscribed by the amount of coöperation she can get from and give to the medical group for, after all, the doctors have been in the picture longer and have come to be relied upon by the people. The longer I am in nursing the more I feel that that faith in the doctor is not only a comforting but a healing thing in time of stress. May they deserve that faith!

Minnesota. C. F. S.

Program Suggestions Requested

WILL the chairmen of the Private Duty Sections of the State and District Associations, who have any suggestions for a program for the biennial meeting of the Private Duty Section of the American Nurses' Association in 1930, get in touch with the National Chairman soon, so that we may work toward a worth-while program? If I knew you all personally, I know I could find any number of splendid women with valuable experience which would be helpful if told in a convincing way. We must be reasonably sure that the speaker expects to attend the convention, and she must have a voice that can be heard. Do let me hear from you.

ANNA C. GLADWIN,
Chairman, Private Duty Section, A.N.A.
268 E. Voris St.
Akron, O.

Nurses Coming to the Philippines

AT the January meeting of the American Nurses' Club in Manila, the Secretary was instructed to send a notice to the *American Journal of Nursing* which would be helpful to nurses coming to the Islands and wishing to practice here.

The following is copied from Act 3025 which regulates the practice of nursing in the Islands:

"Sec. 13. PERSONS EXEMPT FROM EXAMINATION.—Certificates of registration may be issued without examination to nurses . . . registered under the laws of any state or territory of the United States, or of any foreign country; Provided, That the requirements for the registration or licensing of nurses in the particular state, territory or country, are substantially the same as those prescribed by Section fifteen of this act; and Provided, further, That the laws of such state, territory or country grant the same privilege to Filipino nurses as is hereby granted to the nurses of such state, territory or country applying for registration under the laws of the Philippine Islands."

"Sec. 16. . . . Provisional certificates may also be issued to American and foreign nurses pending the approval of their application for permanent registration."

A letter from the Secretary of the Board states: "It is to be understood that said temporary certificate is to be valid only while the investigation is being carried on by the Board to ascertain whether the applicant may be granted a permanent certificate in accordance with the law of Reciprocity as embodied in Sec. 13 of Act 3025."

The preliminary requirement for nursing here in the Islands is the completion of three years of high school. Nurses coming to the Islands intending to practice should bring high school diplomas (or other official record), school-of-nursing diplomas and registration certificates. If they then go to the Secretary or President of the Board, and comply with routine application requirements, there will be no embarrassment to anyone. Information as to names of officers and location of offices of the Board can be had upon request at the School of Nursing office at any of the Manila hospitals, or from any of the officers of the American Nurses' Club or the Filipino Nurses' Association.

Some nurses coming to the Islands and not realizing that registration is necessary, have found themselves in an embarrassing position. If the above is complied with there will be no difficulties. American doctors coming here to practice are required to take the examination. At times there is considerable demand for American nurses in the Islands and at all times they receive a cordial welcome from both Filipinos and Americans already here. However, it is an embarrassment to American nurses living here and something of a reflection on the profession when they violate the nursing law.

Mary Johnston Hospital, Manila, P. I. E. M. G.

North Carolina, Too

NURSES contemplating coming to Asheville for work, this summer, are urged not to do so, on account of the over-crowded conditions in the nursing field.

A REPRESENTATIVE OF DISTRICT 1.

An Exchange Requested

THE students of the City of Kingston Hospital, Kingston, N. Y., issue a yearbook, which they would like to exchange for other student publications. Address Miss Marguerite C. Holmes, Director, School of Nursing.

Journals on Hand

ERMA B. TAYLOR, School of Nursing, Peking Union Medical College, Peking, China, has on hand these issues of the *Journal;* 1922—all except March; 1923—January through March, and July through September.

Grace Van Vleck, Kemper Hall, Kenosha, Wis., will sell for ten cents each and postage, the following: 1926—April, July through September; 1927 and 1928 complete.

Amy Gillard, College Apt. B 11, Rochester, Minn., will send, for the price of mailing, 1927 and 1928 complete.

Ethel L. Patrick, R. D. 6, Susquehanna, Pa., has copies of the *Journal* which she will send to anyone who will pay parcel post or express rates: October, 1918, to November, 1923, complete.

Journal Wanted

RUTH HOPPER, Mercy Hospital, Oshkosh, Wis., would like to secure a copy of the *Journal* for April, 1924.

Abstracts

Simon Flexner, M.D., and Fred W. Stewart, M.D.: Specific Prevention and Treatment of Epidemic Poliomyelitis. (*The New England Journal of Medicine*, August 2, 1928.)

THE known facts regarding immunity in poliomyelitis are now so accessible that it is unnecessary to review them here. Stated very briefly, it is established that upon recovery from poliomyelitis the blood contains virucidal or neutralizing antibodies for the virus of the disease. . . .

This paper deals with two topics: one, the use of human convalescent serum in the treatment of preparalytic and early cases of poliomyelitis in man; and the other, the employment of convalescent serum as a preventive inoculation, of children chiefly, during epidemic outbreaks of the disease. Although the purpose of the paper is directed to man in his relations to poliomyelitis, the underlying basis is derived largely from experiments and observations made on the monkey.

The employment of convalescent serum therapeutically in man dates back to Netter's and Amoss and Chesney's observations of 1911 and 1916. The basis was, however, supplied by Flexner and Lewis' experiments published in 1910. The method of use in favor is the combined intrameningeal and intravenous injection of human convalescent serum. The two injections are made at practically the same time, the larger dose being of course given intravenously. This injection is not repeated, although the intraspinal injections are repeated two or three times on successive days. So far as man is concerned, no decision has yet been reached regarding the extent of the efficacy of the convalescent serum used in this way, and whether the two modes of injection are needed, or whether the intraspinal injection alone is not as effective, or even the intravenous injection alone adequate. Until a much larger amount of statistical material than is now available is subjected to rigid analysis, the main argument for the therapeutic use of the serum must continue to be based on the tests carried out in monkeys. . . .

What had previously been shown . . . is that monkeys inoculated intracerebrally or intranasally with the virus of poliomyeliti can be protected from developing the experimental paralytic disease by the intraspinal injection of human or monkey convalescent serum. . . . We have recently tested the duration of an intraspinous injection of convalescent serum on a subsequent intracerebral inoculation of virus. The quantity of convalescent serum injected by lumbar puncture into monkeys is small (2 cc.), in spite of which an intracerebral virus injection was rendered ineffective four days, but not six days, after the intrameningeal serum was introduced. This result was regarded as significant, so that tests were made to determine whether a preceding intravenous injection of convalescent serum might also prevent infection arising from an intracerebral inoculation of the virus. The result was thought also to bear on the practice of repeated, daily, intraspinal injections of serum, since it showed a persistence of local effect on the nervous organs which had not been foreseen. . . .

Protective action observed from intravenously injected antiserum against an intracerebral inoculation of the virus.—If as much as 15 cc. of the convalescent serum is injected into the blood of monkeys, 24 hours before a suitable dose of filtered virus is injected intracerebrally, infection does not take place. The test is a severe one, because a lesion is produced in the cerebral tissue at the site of inoculation and also a locus of reduced resistance in which the virus rests is thus created. It is even possible that a smaller intravenous serum injection may protect.

On the basis of the tests which have been made, we have proposed that convalescent human serum should be employed at times of stress and anxiety, when poliomyelitis is epidemic, for producing passive immunization. The doses of the convalescent serum which we have suggested are 10 cubic centimeters for children and 20 cubic centimeters for adults, injected subcutaneously and repeated after a period of four to six weeks, if the danger still continues.

We recognize the fact that epidemic poliomyelitis is a disease of low incidence, and therefore the efficacy of the protective injections will not be easily determined. We

believe, however, that they may be used to diminish anxiety on the part of parents and others, but are not, of course, to take the place of the usual precautions exercised to avoid exposure to the disease.

J. C. Masson, M.D.: A New Method of Obtaining "Living Sutures." (*Proceedings of the Staff Meetings of the Mayo Clinic*, March 20, 1929.)

THERE is no more satisfactory operation in the field of surgery than the repair of simple hernias, but those that are large, complicated or recurrent constitute some of the major problems for the surgeon.

Fascia lata was suggested many years ago as a mass transplant, but the results were not satisfactory. It remained for Gallie to popularize the use of narrow strips as "living sutures." This method has made possible the repair of many ruptures which were practically impossible to repair under older methods. . . .

I want to suggest an easy and satisfactory way of obtaining fascia when only a small amount is necessary, as in the repair of a direct or recurrent inguinal hernia. One objection to the use of fascia lata is the necessarily long incision on the side of the thigh, and the time consumed in closing such a wound. In any case in which it is necessary to get three or more "living sutures" more than 20 cm. in length, I still think it advisable to make the long incision on the side of the thigh. After removal of the necessary amount of fascia lata, the opening in the fascial sheet should be closed. This is to prevent, in so far as possible, a muscle hernia. . . .

When only one or two strips are necessary, they can be obtained by making a short incision over the upper end of the fascia lata. After freeing the end of the tissue to be used as a living suture, a small Mayo stripper, such as is used for the removal of varicose veins, is inserted over the end, and by careful manipulation it can be carried downward as far as necessary. The stripper is then removed and a modification of the same instrument with a razorlike inner edge is used to cut the lower end of the strip of fascia lata. If this instrument is not available, a short incision can be made at this point; the strip is then cut across and is ready for use in the special needle. Very little extra time is added to the ordinary hernia operation by this method. The operation is more satisfactory under general or spinal anesthesia but, in the majority of cases, can be easily done under local anesthesia. Fascia lata used in this way is so satisfactory and the prospect for cure so much better than in cases in which foreign suture material is used, that I advise it in all difficult cases.

A History-of-Nursing Luncheon

A LUNCHEON is being planned at the time of the International Meeting in Montreal, for those who are interested in the organization of History-of-Nursing Societies or Clubs. This meeting will be under the auspices of the two pioneer History-of-Nursing Societies in McGill University and Teachers College, Columbia University.

Further directions regarding the time and place will be announced at Montreal.

Joint Vocational Service

TWO thousand seven hundred individuals made use of the Joint Vocational Service during 1928. This means an increase over 1927 of about 400 registrants. Of the total, 1,863 were social workers; 837 were public health nurses. All of these were, of course, graduate registered nurses. Nearly half had had some college work; a little over half had taken university work in public health nursing in addition to their basic nursing course, and a quarter had completed this full course of study.

The dual tie which binds us most closely to the parent organizations, American Association of Social Workers, and National Organization for Public Health Nursing, is the work of our two advisory committees. These committees, in advising on actual individual problems arising for both workers and employment agencies, are emphasizing the need for comprehensive consideration of personnel policies in both fields.

The year's service cost $36,915, of which $13,352 came from fees, $12,130 from employing agencies, $10,900 from Rockefeller and Russell Sage Foundations, and $533 largely from individual gifts. Further contributions were made by the Sage Foundation and the Women's Educational and Industrial Union, respectively, in the form of housing the central and district offices rent free.—From the Annual Report of the Joint Vocational Service, 130 East 22nd Street, New York City.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

Advisory Council

The Agenda has been issued for the meetings of the Advisory Council to be held at the Hotel Ambassador, Atlantic City, Friday evening, June 21, and the following morning.

The Relief Fund probably will be the most important topic for discussion. In the Agenda, the Advisory Council members have been given a statement of the outstanding questions involved in the present system of administering relief in the American Nurses' Association and have been asked to talk over these questions of administration and policy with the nurses of their vicinity in order to bring to the Advisory Council meeting as comprehensive a view of relief as is possible. Copies of the Relief Fund statement have been sent also to the State Relief Fund chairmen so that they can confer with the state presidents as to recommendations and conclusions to be presented at the Advisory Council discussion of relief.

Harmon Plan for annuities for nurses will be presented at the Council meetings, S. Lillian Clayton and Carrie M. Hall being available to answer questions. These two leaders in the work of the A. N. A. are its representatives on the Harmon Committee.

The problem presented by those nurses whose work, and therefore whose interests, are not those of the A. N. A. sections, is included in the Agenda for the Advisory Council. The anesthetist, the office nurse, and those others who do not fit into the fields covered by the four sections—Government, Legislative, Mental Hygiene, and Private Duty—are now afforded no opportunity for discussion of their particular interests and problems.

It is for the Advisory Council to suggest how best these nurses can be cared for either through the existing sections or through, possibly, the inauguration of another section adapted to their special needs.

Suggestions for the program for the coming biennial convention also have been requested from those attending the Advisory Council meetings. "A convention," it is stated in the Agenda, "serves three purposes. It is a report of progress, it affords an exchange of ideas, and it sets up an objective for the future." When the state presidents bring their suggestions for the 1930 biennial program, these can be made the basis for the Program Committee to determine the dominant theme for the next biennial sessions.

Other subjects included in the Agenda are the development in usefulness of the President's Portfolio, the membership cards which will be on sale at the Advisory Council meetings, and the alphabetical file of A. N. A. members to be installed at Headquarters.

Field Study of Registries

At the January, 1929, meetings of the Board of Directors, it was voted to appoint an additional member to the Headquarters' staff, a field secretary whose primary function should be a study of registries and their relation to the distribution of nursing service. Julia P. Wilkinson, who was appointed to that post in March, has prepared her proposed plan for the field study, the aim of which, as a necessary first step, she states as being "to assemble sufficient information about these registries selected for study to give an idea of the norm today. Such information," she continues, "would enable the committee to draw up minimum standards, based on existing practices, and to formulate a program for growth, suggested by the accomplishments and plans of the more highly developed registries."

It is proposed in the three months' field study (1) to concentrate on official registries organized with a board of directors composed

exclusively of private duty nurses, of a nurse board plus an advisory council of physicians and laymen, and of a mixed board of nurse, medical and lay members; (2) to include alumnae registries; and (3) to visit some commercial registries.

An effort will be made to have the registries selected represent many types of work and to find out in each case what experiments are being tried and with what success, these experiments including supervised hourly nursing, coöperation with the hospitals in providing the personnel for group nursing, training and supervision of the work of practical nurses, the registration and placing of housekeepers capable of caring for chronics, and the establishment of a placement bureau for institutional positions.

MRS. ALMA HAM SCOTT

MRS. SCOTT'S APPOINTMENT

Mrs. Alma H. Scott, Executive Secretary of the Indiana State Nurses' Association and Executive Secretary of the Fourth Indiana District, has been appointed Field Secretary of the American Nurses' Association to take the place of Edith J. L. Clapp, whose resignation went into effect March 1. Mrs. Scott is particularly well suited to this work because of her experience in various fields of nursing, especially in private duty and in executive work. A graduate of San Bernardino, Calif., High School, in 1903, she was graduated in 1907 from Presbyterian Hospital School of Nursing, Chicago. She matriculated at Teachers College, Columbia University, in 1922, the subject of her major thesis being "Organization and Supervision in Public Health Nursing."

Following her graduation from training school, Mrs. Scott did private duty nursing for several years in Chicago. She served during the war with Base Hospital 13 (Presbyterian Unit) at Limoges, France, and with Evacuation Hospital 7, Coulommiers, France, from May, 1918, to March, 1919.

Returning to the United States in 1919, Mrs. Scott became night supervisor at Robert W. Long Hospital, Indianapolis. In January,

1928, she undertook the work she now is leaving to join the Headquarters' staff. Mrs. Scott is President of the Indiana League of Nursing Education, and is Secretary of the Mid-West Division of the American Nurses' Association.

Bordeaux School Campaign

Nineteen states have filled their quotas to the Bordeaux School Fund, twelve of them exceeding their quotas. The spectacular achievement of the month, however, was not that of a state association but of a district group. The Alexandria District, Louisiana State Nurses' Association, was assessed $22.80, the quota for their membership of 60. The majority of the nurses were doing private duty, so they could not give much time to the drive. But this is what they did. Three committees were organized in the District Association. The first committee solicited nurses; forty-eight district members gave a total of $75. Committee number two solicited the doctors of the community; a sum of $33.80 was contributed in this way. The third committee approached the public and brought in returns of $140.70. So this little group of 60 busy women sent as their gift to the Bordeaux School a total of $249.51 instead of the $22.80, which had been considered their fair apportionment.

A number of stories are coming to Headquarters, too, of the gifts made by the American Legion posts which wish thus to show their gratitude for what nursing meant to them in the war. In Buffalo, for instance, we are told that three different posts made generous contributions to the school.

American Nurses' Memorial
contributions to may 6, 1929

State	*Quota*	*Contributed*
Alabama	$192.40	$158.50
Arizona	55.60	....
Arkansas	160.00	....
California	2,112.00	....
Colorado	272.00	5.00
Connecticut	744.00	....
Delaware	60.00	60.00
District of Columbia	335.60	210.00
Florida	356.80	368.29
Freedmen's Hospital	24.00	....
Georgia	314.00	327.19
Hawaii	29.60	171.75
Idaho	33.60	....
Illinois	1,918.80	825.40
Indiana	490.00	311.35
Iowa	652.80	345.20
Kansas	298.00	174.22
Kentucky	223.20	2.00
Louisiana	405.20	590.31
Maine	192.80	....
Maryland	631.20	794.50
Massachusetts	1,623.20	....
Michigan	1,142.40	1,211.60
Minnesota	964.00	542.70
Mississippi	90.40	90.40
Missouri	987.60	859.00
Montana	68.40	39.25
Nebraska	319.60	319.24
Nevada	12.00	12.00
New Jersey	811.20	926.25
New Hampshire	157.60	168.10
New Mexico	29.20	29.20
New York	3,906.00	748.50
North Carolina	310.40	332.40
North Dakota	74.00	130.50
Ohio	1,708.40	1.00
Oklahoma	177.20	....
Oregon	263.60	....
Pennsylvania	2,989.20	25.00
Porto Rico	11.60	....
Rhode Island	263.20	246.20
South Carolina	114.80	84.40
South Dakota	57.20	57.20
Tennessee	322.00	....
Texas	778.80	928.60
Utah	79.60	....
Vermont	102.40	....
Virginia	284.00	324.50
Washington	455.20	75.00
West Virginia	162.00	35.10
Wisconsin	466.40	25.00
Wyoming	16.80	16.80
		$11,571.55
Contributions outside of state associations		2,010.00
Special contributions		540.00
		$14,121.55

Nineteen states have filled quotas; 12 of these exceeded their quota.

Checks are payable to the Treasurer of American Nurses' Association, and all contributions are being received at Headquarters of the American Nurses' Association, 370 Seventh Avenue, New York, where the campaign is being conducted.

Nurses' Relief Fund

Report for Month Ending April 30, 1929

Receipts	
Interest received on investments	$474.62
Interest received on bank balances	107.24
Contributions	
Alabama: District 6	10.00
Arizona: District 1, $18; District 4, $5	23.00
California: San Diego County Nurses' Assn., $26; State Nurses' Assn., $1,115.45	1,141.45
Connecticut: William Backus Alumnae Assn., $10; Bridgeport Hospital Alumnae Assn., $1	11.00
Georgia: Georgia Baptist Alumnae Assn., 14 members, $14; individual contribution, $3	17.00
Indiana: State Nurses' Assn.	1,000.00
Maine: State Nurses' Assn.	50.00
Massachusetts: Melrose Hospital Alumnae Assn., $5; St. Vincent's Hospital Alumnae Assn., Worcester, $5	10.00

Minnesota: District 2, St. Luke's Alumnae Assn., Duluth, $9; St. Mary's Alumnae Assn., Duluth, $17; 2nd District Assn., $9; individual contribution, $1; District 3, St. Mary's Hospital Alumnae Assn., $81; Abbott Hospital Alumnae Assn., $78; Asbury Hospital Alumnae Assn., $41; Deaconess Hospital Alumnae Assn., $8; Fairview Hospital Alumnae Assn., $23; General Hospital Alumnae Assn., $24.50; Northwestern Hospital Alumnae Assn., $22; St. Andrews Hospital Alumnae Assn., $17; Swedish Hospital Alumnae Assn., $135; University Hospital Alumnae Assn., $83.50; individual contributions, $25; District 4, Mounds-Midway Hospital Alumnae Assn., $76; St. John's Hospital Alumnae Assn., St. Paul, $54; St. Luke's Hospital Alumnae Assn., $110	814.00
New Hampshire: Franklin Hospital Alumnae Assn.	5.00
New Jersey: District 2, Passaic General Hospital, $20; individual contribution, $1; collected at State meeting, $8	29.00
New York: District 1, $200; District 8, Alice Hyde Alumnae Assn., $16; individual contribution, $1; District 10, $75; District 11, St. Luke's Alumnae Assn., $25; District 13, individual contribution, $5; Metropolitan Hospital Alumnae Assn., $25; District 14, Swedish Hospital Alumnae Assn., Brooklyn, $25	372.00
Ohio: District 1, $8; District 8, $65	73.00
Porto Rico: $1.00 per capita of membership	47.00
Rhode Island: Rhode Island Hospital Alumnae Assn., $50; Newport Hospital Alumnae Assn., $5	55.00
Tennessee: Knoxville District Assn., $159; Memphis Registered Nurses' Assn., $331	490.00
Texas: District 6, $5; District 15, $7; District 16, $23	35.00
Virginia: Graduate Nurses' Assn.	200.00
Washington: District 2, Kings County Assn., $224.25; District 9, Everett, $10	234.25
	$5,198.56

Disbursements

Paid to 191 applicants	$2,702.00
Salaries	254.16
	$2,956.16
Excess of income over expenditures for month ending April 30, 1929	$2,242.40

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in each state. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman or the Director of the American Nurses' Association headquarters, 370 Seventh Avenue, New York.

Isabel Hampton Robb Memorial Fund

The 1929 scholarships were won by the following candidates:

Katharine G. Amberson, Waynesboro, Pa. (Johns Hopkins Hospital).
Grace Gummo, St. Johnsbury, Vt. (Massachusetts General Hospital).
Mary Delia Burr, Plainfield, N. H. (Peter Bent Brigham Hospital).
Dorothy Rood, Washington, D. C. (Presbyterian Hospital, New York).
Helen Shank, Columbus, Ohio (City Hospital, Springfield, Ohio).
Gladys S. Benz, Northfield, Minn. (Central School, Minneapolis).
Justine Elizabeth Granner, Bismarck, N. D. (Illinois Training School, Chicago).

There were thirty-five applicants.

REPORT TO MAY 11, 1929

Previously acknowledged	$34,210.00

Contributions

California: San Diego County Nurses' Assn.	10.00
Massachusetts: Hampshire County Branch $10; Melrose Hospital Alumnae, $5; St. Elizabeth's Alumnae, $5	20.00
Pennsylvania: Moses Taylor Hospital Alumnae, Scranton, $5; Robert Packer Hospital Alumnae, Sayre, $5; State Hospital Alumnae, Scranton, $5	15.00
Rhode Island: Butler Hospital Alumnae	5.00
May 11, 1929, Total	$34,260.12

McIsaac Loan Fund

Balance, April 11	$1,068.99
Bank interest	.82
Repayment of loan with interest	220.00

Contributions

Massachusetts: Hampshire County Branch, $10; St. Elizabeth's Hospital Alumnae, $5	15.00
Pennsylvania: Moses Taylor Hospital Alumnae, Scranton, $5; Robert Packer Hospital Alumnae, Sayre, $5; State Hospital Alumnae, Scranton, $5	15.00
Rhode Island: Butler Hospital Alumnae, Providence	5.00
Total	$1,324.81

Disbursements

Loan made	100.00
May 11, Balance	$1,224.81

MARY M. RIDDLE, *Treasurer.*

Contributions to these funds are welcomed. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care *American Journal of Nursing*, 370 Seventh Avenue, New York.

Middle Atlantic Division

The third biennial convention of the Middle Atlantic Division was held at the Bellevue-Stratford Hotel, in Philadelphia, on April 25 and 26. The program was well thought out, not too crowded, and covered subjects of common interest to the private duty, public health and institutional nurse. Unlike the two previous conventions, a single program was conducted throughout, and the attending delegates had the opportunity of enjoying all the discussions and papers presented. This is not usually possible when two or more round tables are conducted at the same hour during the convention.

Sessions given over to the discussion of registry problems were ably conducted and of unusual interest. Papers presented showed a growing consciousness of a need of developing broader standards for service through official directories. Likewise the sessions devoted to the problems of the state examining boards brought out, again, the great need for reciprocity between states on nurse registration. Jessie J. Turnbull, President, presided at all general sessions.

Maryland, through the President of the State Nurses' Association, Jane E. Nash, extended an invitation for the next convention, to be held in Baltimore. The question of the Nurses' Relief Fund of the American Nurses' Association brought forth the recommendation of the Middle Atlantic Division to its parent body, the American Nurses' Association, that the Relief Fund of the American Nurses' Association be reorganized and established on an assessment basis rather than on the present voluntary contribution basis.

The paper presented by Dr. Willystine Goodsell, Teachers College, Columbia University, on "Present Trends in the Education of Women," and the address given by Dr. Edward Strecker, Jefferson Medical College, Philadelphia, on "Personal Mental Hygiene," were high lights in the convention's program.

The social side of the program included a luncheon, a banquet and a tea at the Children's Hospital.

The presidents of the National League of Nursing Education, American Nurses' Association and the National Organization for Public Health Nursing were present at the convention, bringing greetings from the three national bodies.

The newly elected officers for 1929–1931 are: President, Jane E. Nash, Baltimore; vice president, Blanche Rulon, Washington; secretary, Marion Durell, New York; treasurer, Martha Moore, Maplewood, N. J.

Mid-West Division

The second meeting of the Mid-West Division of the American Nurses' Association was held, April 12 and 13, with headquarters at the Book-Cadillac Hotel, Detroit, Mich.

Friday, April 12, Morning Session. A meeting of the Board of Directors and registration of members preceded the morning session. Mabel M. Dunlap, President, presided. The reports of the Secretary and Treasurer were followed by the President's address. Miss Dunlap briefly outlined the past activities of the Division and presented aims for future achievements. Adda Eldredge, Wisconsin, spoke on "What Factors Are Desirable to Incorporate into the Registration Laws Suitable to the Problems of Our Division of the American Nurses' Association." Discussion was led by Mrs. Alma H. Scott, Indiana, and Mrs. Ellen Stahlnecker, Michigan. Mary C. Wheeler, Michigan, discussed the question: "Are We Using the Same Basic Plans for Membership?" Miss Wheeler explained the present plans for transfer of membership from District to District Association and from State to State Association.

Luncheons. Four Discussion Group luncheons followed the morning session: (1) "Bedside Nursing." Presiding, Eugenia Kennedy, Indiana. (2) "Health Education in Industry." Presiding, Ellen Atchison, General Supervisor, Metropolitan Life Insurance Company. The speakers were Dr. Lanza, Dr. Poole, and Mary P. Connolly. (3) "Principles of Supervision." Presiding, Erma Kowalke, Wisconsin Nurse Association. Gladys Sellew spoke. (4) Lay members, (a) "Hospital Group." Presiding, Mrs. Frederick H. Holt, Detroit. (b) "Public Health Group." Presiding, Mrs. Harry B. Warner, Detroit.

Afternoon Session. The speakers for the afternoon session were: Dr. Michael Davis, Chicago, who discussed "The Nurses' Problem"; Dr. Louis Hirschman, Michigan, presented "Nursing Economics," from the standpoint of the physician; W. J. Norton, Detroit, from the standpoint of the public; Janet M. Geister, Director at Headquarters, American Nurses' Association, from the standpoint of the nurse.

Banquet. Michigan nurses were hostesses at the banquet held at 7 p. m. in the Crystal Ball Room. Mrs. Whitman Cross, President of the Lay Section, N. O. P. H. N., was the principal speaker. The members of the four visiting nurses' associations presented a gavel to the members of the Michigan State Nurses' Association, in honor of their twenty-fifth anniversary. The gavel was concealed in a

birthday cake decorated with twenty-five lighted candles.

Saturday, April 13, Morning Session. The meeting was held in the Crystal Ball Room. Grace Ross, Vice-President, presided. Invitations, issued by the Iowa State Nurses' Association and other organizations, to hold the 1931 meeting of the Division in Iowa, were read. Lyda Anderson, Michigan, discussed "The Functions of the Official Directory in the Community: Its Organization; Type of Service To Be Expected; Its Future." Winifred Boston, Iowa, led the discussion. "What Educational Facilities Are Open to the Graduate Nurse in the Mid-West Division, and What We Should Have," was discussed by Ella Best, Illinois, and Mrs. Barbara S. Bartlett, Michigan.

Luncheon. The morning session was followed by a Red Cross luncheon. Dr. William DeKleine spoke concerning "Medical and Public Health Aspects of Red Cross Disaster Relief Work." Gustavius G. Pope discussed "International Aspects of the American Red Cross," and I. Malinda Havey had for her subject, "Red Cross Disaster Relief in Porto Rico."

Afternoon Session. Mrs. Lystra E. Gretter, First President of the Michigan State Nurses' Association, presided at the afternoon session. Dr. Reinhold Niebuhr, New York City, gave an address, "Humanizing and Dehumanizing Tendencies in Modern Life." A short business session followed. Officers elected to serve, 1929–1931, are: President, Mabel M. Dunlap, Moline, Ill.; vice president, Winifred Boston, Indianola, Iowa; secretary, Mrs. Alma H. Scott, Indianapolis; treasurer, Grace Crafts, Madison, Wis.

New England Division

The NEW ENGLAND DIVISION of the American Nurses' Association held its sixth convention at the Hotel Taft, New Haven, April 11–13. The first morning was occupied by a directors' meeting and registration. At 2 p. m., Effie J. Taylor, presiding, Dr. George Pratt spoke on "Mental Hygiene," and Dr. Horace K. Richardson on "Mental Hygiene in Relation to the Function of Digestion." At 4 o'clock, a tea was given by the Graduate Nurses' Association of Connecticut.

At the evening session, Sally Johnson presided. Addresses of welcome were given by Mayor Thomas A. Tully and Margaret J. Barrett. These were followed by Miss Johnson's address, as President, "Reminiscences of a Connecticut Yankee," and by Elizabeth G. Fox of Washington on "Whither Nursing."

Friday, April 12, Morning Session. At a 10 o'clock session, Mrs. Atala Wendell presiding, a paper written by Melda F. MacDonald, on "The Industrial Nurse as a Public Health Worker," was read by Miss Waterbury, who added experiences of her own as an industrial nurse. At another 10 o'clock session, Mary Grace Hills presiding, Annie W. Goodrich spoke on "The Relation of the Community to Nursing Schools and Organizations." At 11.30, Dr. Ira V. Hiscock spoke on "The Relation of the Nurse to Her Profession and to the Community."

During the noon hour there were three group luncheons: (1) "Intelligence Tests and the Selection of Students," Mrs. W. A. Hart, Chairman, Miss Tracy of the Yale School, speaker; (2) "How Can the Small School Function as a Health Center?" Elizabeth Ross, Chairman; (3) "The Value of a Registry to the Nurses, Doctors and Lay Members of a Community," Mary L. Wakefield, Chairman.

The afternoon was occupied by visits to the Children's Community Centre, the Yale University buildings, the Seamless Rubber Company's plant, and the Yale School of Nursing, where tea was served by the Alumnae Association. At the banquet in the evening, five-minute reports were given by the presidents of the six states forming the Division: Mrs. Theresa R. Anderson of Maine; Elizabeth M. Murphy, New Hampshire; Lillie Young, Vermont; Bertha Allen, Massachusetts; Annie M. Early, Rhode Island; Margaret Barrett, Connecticut. Clara D. Noyes spoke on "Red Cross Activities."

Saturday, April 13. Margaret K. Stack presided at a session devoted to local and state Red Cross committees. The discussion was led by Miss Noyes. At a session devoted to "Standardization of Nursing Technic," Margaret Barrett, Chairman, Clara Quereau of the New York State Board gave the principal address, and the discussion was led by Henrietta Altman of Connecticut. A good general discussion followed. The session at 11.30 was presided over by Sally Johnson; the addresses were on "Progressive Education" by Professor Bessie Lee Gambril, and on "The Harmon Foundation and the Relief Fund" by Carrie M. Hall.

At noon there were group luncheons: (1) "Policies of Organizations Regarding Progressive Staff Education," Mary Beard presiding; (2) "Opportunities for Progressive Education," Gertrude Hodgman presiding.

The closing business session was held in the

afternoon. An invitation from Maine for the 1931 meeting was accepted. Officers elected are: President, Edith Soule, Maine; vice president, Ellen C. Daly, Massachusetts; secretary, Elizabeth Van Patten, Connecticut; treasurer, Ednah Cameron, New Hampshire.

The Northwest Section

The Northwest Section of the American Nurses' Association will hold its biennial convention in Great Falls, Montana, July 23–25. The principal speakers will be Anna C. Jammé of California and Janet M. Geister of New York.

National League of Nursing Education

The National League of Nursing Education will hold its convention in Atlantic City, June 17–21, with headquarters at the Ambassador Hotel. Details regarding hotels, transportation and program may be found in the May *Journal*, pages 610–611.

TICKET OF NOMINATIONS FOR 1929

For President—Elizabeth C. Burgess, New York, N. Y.
For First Vice President—Shirley C. Titus, Ann Arbor, Mich.
For Second Vice President—Elsie M. Lawler, Baltimore, Md.
For Secretary—Stella Goostray, Boston, Mass.
For Treasurer—Marian Rottman, New York.
For Directors (four to be elected)—Julia C. Stimson, Washington, D. C.; Isabel M. Stewart, New York, N. Y.; Laura R. Logan, Chicago, Ill.; Daisy Dean Urch, Oakland, Calif.; Elizabeth Soule, Seattle, Wash.; Nellie X. Hawkinson, Cleveland, Ohio; Sally Johnson, Boston, Mass.; Anna D. Wolf, Chicago, Ill.

Children's Hospital Association of America

The Children's Hospital Association will hold its annual meeting, June 20–21, with the following program:

June 20, Atlantic City, Morning—Greetings from American Hospital Association, Dr. Louis H. Burlingham, President; "Preparation and Orientation of Child Welfare Work in Europe," Dr. Rene Sand; "The Children's Hospital and Child Welfare," Grace Abbott, Chief, Children's Bureau; "The Children's Hospital in Its Relationship to the Child Health Program of the Community," Dr. A. Graeme Mitchell, Cincinnati.

Afternoon—"General and Special Diets in a Children's Hospital," Nell Clausen, Milwaukee; "How Can a Children's Hospital Obtain the Best Working Medical Staff?" Dr. J. Claxton Gittings, Philadelphia; "Management of Surgery in a Children's Hospital," Dr. Stanley J. Seeger, Milwaukee; "The Convalescent Hospital for Children," Margaret Rogers, Detroit; "The Hospital Care of Crippled Children," Byrd Boehringer, Greenville. The second day will be spent at hospitals in Philadelphia.

Nurses' Committee for Financing Grading Plan

Since it was requested that the quota for nurses' subscriptions to the Grading Committee funds be made out, and it was published in the March *Journal*, one state has "gone over the top." Utah has the distinction of being the first state to complete its quota, and thus has taken its place with Wisconsin and Rhode Island in support of the work of the Grading Committee and higher nursing standards.

The International Council of Nurses

The Sixth Congress of the International Council of Nurses, the first on this side of the Atlantic since 1901, will be held in Montreal, July 8–13, next. Present requests for reservations show a prospective attendance of some 5,000 nurses from nearly forty different countries. Come prepared to be an assistant hostess, and help the Canadian nurses make the guests realize the kinship of nurses within all the four seas.

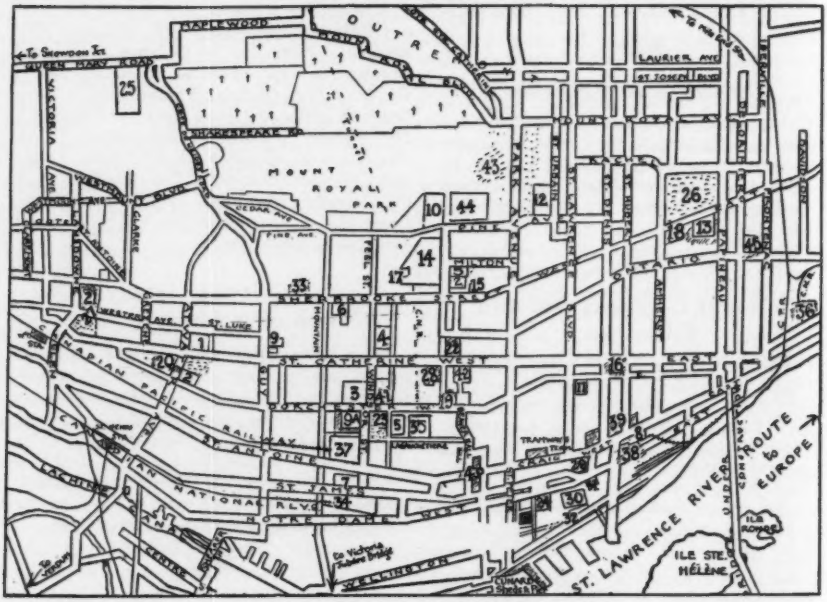
TRANSPORTATION

Convention rates of fare and one-half have been authorized on the *Identification Certificate Plan*. These will be distributed through the State Chairmen whose names will be found in the March *Journal*, page 355. Tickets may also be sold for this convention on the basis of fare and three-fifths with final return limit of thirty days. The round-trip tickets will be sold at the starting point. For some sections the usual summer rates may be less expensive. Consult local ticket agents for comparative prices and dates of sale. All

tickets must be validated by a ticket agent at Montreal before the return journey is commenced. (Validated under the Identification Certificate Plan simply means stamping of the ticket by the ticket agent.)

Special trains will leave New York, via New

CITY OF MONTREAL



SKETCH MAP OF CENTRAL MONTREAL

MEETING-PLACES
1. Forum (Atwater park)
2. Montreal High School
3. Windsor Hotel
4. Mount Royal Hotel
5. Diocesan College

HOUSING
6. Ritz-Carlton Hotel
7. Queen's Hotel
8. Place Viger Hotel
9. Corona Hotel
9a. Y. W. C. A., Dorchester Street

HOSPITALS
10. Royal Victoria Hospital
11. Montreal General Hospital
12. Hotel Dieu
13. Notre Dame Hospital

EDUCATIONAL INSTITUTIONS
14. McGill University
15. Royal Victoria College
16. Université de Montréal

LIBRARIES
17. Redpath Library, McGill University
18. Montreal Civic Library
19. Fraser Institute
20. Mechanics Institute
21. Westmount Library, Westmount Park

CHURCHES
22. Christ Church Cathedral
23. St. James' Cathedral
24. Notre Dame (Place d'Armes)
25. St' Joseph's Oratory, Cote des Neiges Road.

PARKS
26. Lafontaine Park
27. Westmount Park

SUNDRY PLACES OF INTEREST
28. Post Office next door to branch of Bank of Montreal at University and St. Catherine Streets
29. City Hall
30. New Court House
31. Chateau de Ramezay
32. Bonsecours Church and Market
33. Art Gallery

RAILWAY STATIONS
34. Bonaventure Station (C. N. R.)
35. Tunnel Station (C. N. R.) Lagauchetiere Street West
36. Moreau Street Station (C. N. R.)
37. Windsor Street Station (C. P. R.)
38. Place Viger Station (C. P. R.)

SQUARES, ETC.
39. Place Viger
40. Victoria Square
41. Dominion Square
42. Phillips Square
43. Fletcher's Field, Mount Royal Park
44. Molson Stadium
45. Baseball Stadium

York Central and Delaware and Hudson on July 7. For schedule consult April *Journal*, page 479. All nurses coming into Chicago who wish to go with this group, please communicate with May Kennedy, 6400 Irving Park Boulevard, Chicago, Ill. There will be two routes available, one all rail; the other by rail, and by boat down the St. Lawrence.

There will be a special train leaving Washington, D. C., via Baltimore and Ohio Railroad, at 4 p. m., July 7, running via National Junction, West Shore and Delaware and Hudson, stopping at Baltimore and Philadelphia, arriving Montreal 7.50 a. m., July 8. Nurses wishing to travel with this group, communicate with Major Julia C. Stimson, War Department, Washington, D. C.

All nurses should reach Montreal by the morning of Monday, July 8, as the first meeting is at 2 p. m.

Information relative to post-convention trips may be obtained from Caroline Garnsey, National Chairman, Room 1641, 370 Seventh Avenue, New York, N. Y.

International Catholic Guild of Nurses

The fifth annual convention of the I. C. G. N. will be held at Montreal, Canada, on July 5, 6 and 7, immediately preceding the convention of the International Council of Nurses. Convention headquarters will be at the Mount Royal Hotel, where all meetings and sessions will be held.

The Transportation Committee has arranged three separate itineraries in connection with the convention: No. 1 covers transportation to Montreal and return; No. 2 covers transportation to Montreal and return with an extension trip down the St. Lawrence River to Quebec, and the Shrine of St. Anne de Beaupre. No. 3 covers transportation to Montreal; route, after visiting Quebec, via Lake George, the Hudson River, New York, Philadelphia, Atlantic City, Washington, featuring stop-overs of two days in New York; one day at Atlantic City; three days in Washington. Information as to rates, reservations, transportation details, folders, etc., will be gladly supplied on request to the International Headquarters of the I. C. G. N., Suite 142, Auditorium Hotel, 430 S. Michigan Avenue, Chicago, Ill.

For those nurses who cannot conveniently board the special train at Chicago, or who may wish to make the trip to Montreal and return by another preferred route, ample room reservations have been made at the Mount Royal Hotel to accommodate all who may come as guests or delegates to the convention. Rates quoted on application to International Headquarters.

Army Nurse Corps

During the month of April, 1929, orders were requested for transfer of the following named members of the Army Nurse Corps to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Carolyn Peart; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieut. Linnie Holley; to Station Hospital, U. S. Disciplinary Barracks, Mo., 1st Lieut. Rae D. Landy; to Station Hospital, Fort McPherson, Ga., 1st Lieut. Callie D. Woodley; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Irene G. Truax; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Norine M. Eberly; to Station Hospital, Fort Totten, N. Y., 2nd Lieut. Elizabeth J. Crowley; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Florence A. Blanchfield, 2nd Lieuts. Elizabeth Fitch, Louise M. Anschicks, Kathryn L. Ruhan, Anna Claypoole; to the Philippine Department, 2nd Lieut. Marion J. Haley.

Seventeen have been admitted to the Corps as Second Lieutenants.

The following-named are under orders for separation from the Corps: Gertrude E. McCormick, Lucile Porter, Florence M. Jones, Jessie M. Grant, Margaret P. Crowley, Margaret V. Garrity, Willa M. Phillips, Hartie M. Mickel, Alma Cagle, Thomasa Russell, Ruth P. Burton, Ethel E. Hahn.

Under the terms of the Retirement Law for members of the Army and Navy Nurse Corps, 1st Lieut. Rosanna M. King, Chief Nurse, A. N. C., has been relieved from active service and her name added to the retired list.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of April, three nurses have been appointed and assigned to duty.

The following transfers were made: To Annapolis, Md., Iva L. Jones, Jennie T. Connelley; to Canacao, P. I., Alma M. von der Linden, Frances S. Denk; to Chelsea, Mass., Anna McAloon, Isabella F. Erskine, Chief Nurse, Agnes M. Byrne, Beulah Ann Buchanan; to Great Lakes, Ill., Frances C.

Bonner, Genevieve F. Mamel; to Guam, June H. Howard; to Guantanamo Bay, Cuba, Lillian R. Pieper; to Mare Island, Calif., Sophia R. Hassler, Ella B. Clough, Mary V. Ennis, Agnes J. Gibson; to Newport, R. I., Sallie L. Vestal; to Norfolk, Va., Louise D. Von Raben, Lucy A. West; to Pearl Harbor, T. H., Edith M. Blair, Annie G. Hamilton; to Portsmouth, N. H., Jane M. Lynch; to Puget Sound, Wash., Eva C. Todd, Mary Gaidos; to San Diego, Calif., Mary M. Ritter, Caroline W. Spofford; to Tutuila, Samoa, Ruth Abrams; to U. S. S. Relief, Marion R. Dillon, Odessa Smith; to Washington, D. C., Helen A. McGrath.

The following nurses have been separated from the Service: Bernice L. Mecum, Lena Moore, Pearl J. Deal, Nora M. Murtagh, Katherine E. Finerty, Fay E. Braden, Lottie M. Hinton.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.

U. S. Public Health Service

The following reinstatements, and new assignments have been made in the U. S. Public Health Service during the month of April, 1929:

Reinstatements: Bertha June Perry Butler, Viola McGoldrick.

New Assignments: Four.

It is with regret that the death of Evelyn Mae Jones, nurse on duty at U. S. Marine Hospital, Stapleton, New York, is reported. Miss Jones served with the Public Health Service for over a year and was a most valuable member of the Nurse Corps. She died April 10, 1929.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau

REPORT OF NURSING FOR THE MONTH OF APRIL

Assignments: Nineteen.

Transfers: To Jefferson Barracks, Mo., Winifred Ephlin; to Ft. Lyon, Colo., Avie Carmichael; to Ft. Bayard, N. M., Odessa Sheppard; to Tucson, Ariz., Emma J. Hall; to Perry Point, Md., Mary N. Woods; to Northport, L. I., N. Y., Catherine Dillahunt; to Whipple, Ariz., Lucy McDaniel.

MARY A. HICKEY,
Supt. of Nurses.

Hospital Library and Service Bureau

The American Conference on Hospital Service, with the full approval of the Board of Trustees and delegates, has made an agreement with the American Hospital Association to maintain and administer the Hospital Library and Service Bureau on and after June 30, 1929. To give the American Hospital Association full freedom in the administration of the Bureau, Donelda R. Hamlin, Director of the Hospital Library and Service Bureau since its establishment, has presented her resignation to take effect June 25.

United States Civil Service Examinations

The United States Civil Service Commission announces the following open competitive examinations: Trained Nurse, Trained Nurse (Psychiatric). Applications must be on file with the Civil Service Commission at Washington, D. C., not later than June 25. The examinations are to fill vacancies in the Panama Canal Service.

Full information may be obtained from the United States Civil Service Commission, Washington, D. C., or from the secretary of the United States Civil Service Board of Examiners at the post office or custom house in any city.

Institutes and Summer Courses

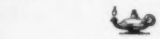
(For complete lists of institutes and summer courses, see the *Journals* for April, pages 482, and for May, 617–618.)

Georgia: EMORY UNIVERSITY offers, through its Summer School, two courses for public health nurses, under Amy MacOwan, instructor: "Principles of Public Health Nursing," and "Community Health Surveys and the Public Health Nurse." The first term begins June 10 and lasts until July 17; the second term, July 18 through August 24.

Michigan: A Lay Institute on Community Nursing was held in Detroit, April 12 and 13, in connection with the meetings of the Mid-West Division. Subjects and speakers were: "Function of Boards of Trustees and Committees," Michael Davis; "The Public's Responsibility for Nursing Needs of the Community," Henry F. Vaughan, M.D.; "Nursing

Education," Adda Eldredge; "Nursing Service and Registries," Lyda Anderson. There were also group discussions.

New York: Chautauqua.—A Social Hygiene Institute will be held July 8–August 16, the faculty being T. W. Galloway and Edith Hale Swift, M.D. Further details may be obtained from the American Social Hygiene Association, 370 Seventh Avenue, New York.



State Boards of Examiners

Arizona: The ARIZONA BOARD OF NURSE EXAMINERS will hold a meeting at Douglas on June 8. Catherine O. Beagin, Secretary.

Mississippi: The Mississippi State Board of Examiners of Nurses will give examinations July 1 and 2 in the House of Representatives, Jackson. All applications must be filed by June 15. Applications may be procured from the Secretary, Mrs. Maud E. Varnado, Hattiesburg.

New Jersey: The NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold the next examination for certificate of registered nurse on Friday and Saturday, June 21 and 22, in the State House and the Crescent Temple, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to the date of examination. Applications are not acceptable after June 6, 1929. Registration for *new candidates*, at Crescent Temple, Friday, 9–11.30 a. m., and examination in the following at 1 p. m.: Surgical Nursing, Obstetrics, Dietetics, Diseases of Children. For *new candidates* on Saturday, at 9 a. m., examination in: Anatomy, Materia Medica, Physiology, Medical Nursing, Bacteriology and Hygiene, Contagion. For *take-over candidates*, at the State House, Registration and examination on Friday *only*, at 9 a. m. For further information apply to Agnes Keane Fraentzel, R.N., Secretary-Treasurer, 42 Bleecker Street, Newark.

Pennsylvania: The PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct examinations on June 15, 1929, in the following places: Philadelphia General Hospital, Philadelphia; Fifth Avenue High School Building, Pittsburgh; Coughlin High School, Wilkes Barre. Applications should be filed promptly with Mrs. Helene S. Herrmann, Secretary, 812 Mechanics Trust Building, Harrisburg.

South Dakota: Because of an amendment recently secured, all nurses registered in South Dakota are notified that the state law requires each nurse to renew his or her license on or before the first day of July each year, by sending to the Secretary of the Examining Board, Rapid City, the required fee of one dollar. Every certificate of registration which has not been renewed during the month of July in any year shall expire on the 31st day of August in that year. This is effective July 1, 1929.

Virginia: The VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations at Charlottesville, June 12, 13 and 14. For further information apply to Ethel M. Smith, Secretary, Craigsville.

State Associations

Arizona: The ARIZONA STATE NURSES' ASSOCIATION held its eleventh annual convention at Phoenix, April 25, 26. Headquarters were at the Westward Ho Hotel and business sessions were at the Woman's Club. Mrs. Kathryn Hutchinson of Tombstone presided at all the meetings. Dora Cornelisen, Field Representative of the *American Journal of Nursing*, not only brought interesting news from the *Journal* office and National Headquarters, but assisted the members with their local problems. Dr. J. Stroud of the State Board of Public Health gave a very interesting talk, as did Dr. J. R. Greer, who told of recent advances in orthopedic surgery. The first day, luncheon was served at the Westward Ho Hotel. In the evening a banquet was given at the Hotel Adams for the visiting delegates and for the Senior classes of the two schools of nursing in the city. The national, state and district officers were introduced, so that the nurses might all become acquainted with them. The second day the visitors were taken on a tour through the valley. There were delegates present from all the seven districts. The state membership has increased during the past year from 139 to 200. Officers for the ensuing year are: President, Mrs. Kathryn Hutchinson, Tombstone; vice presidents, Helen Brock of Tombstone and Mrs. C. Payton of Douglas; secretary, Mrs. Mildred P. Fulkerson, Phoenix; treasurer, Vera Caldwell, Phoenix; directors, Mrs. Frances Giffo of Tucson and Virginia Phelan, Phoenix. The state pins for registered nurses did not arrive in time for the convention, but they are now on sale in a Phoenix jewelry store, and Arizona registered nurses may get them by writing to the Secretary of the Board of Nurse Examiners, Catherine O. Beagin, Clifton.

California: The CALIFORNIA STATE NURSES' ASSOCIATION will hold its annual meeting in Sacramento, June 17–22. An outline of the program will be found in the *Journal* for April, page 483.

District of Columbia: At the annual meeting of the GRADUATE NURSES' ASSOCIATION of the District of Columbia, held on May 7, the following officers were elected for the ensuing year: President, Julia C. Stimson, Army Nurse Corps; vice president, J. Beatrice Bowman, Navy Nurse Corps; corresponding secretary, Mrs. Frances M. Elzey; recording secretary, Annabelle Petersen, National Headquarters, American Red Cross; treasurer, Barbara Sandmaier; councillors, Elizabeth G. Fox, National Headquarters, American Red Cross, and Betty Mayer, Navy Nurse Corps.

Georgia: The first annual meeting of the GEORGIA HOSPITAL ASSOCIATION was held in Macon, May 7. Jane Van De Vrede presented a paper on "The Future of the Small Schools of Nursing in Georgia," and Alice F. Stewart, University Hospital, Augusta, conducted very helpful round tables on nursing problems.

Illinois: The ILLINOIS LEAGUE OF NURSING EDUCATION held its April meeting at the Chicago Nurses' Club on the 26th. Marion Faber gave a paper on "The Relative Value of Mental and Other Tests in Schools of Nursing." The paper was followed by a round table discussion. Miss McEwen, of the Illinois Training School, spoke from the point of view of the practical instructor; Miss Russell of the Presbyterian Hospital, Mrs. Brandt of Michael Reese, and Miss Odell of the Evanston Hospital, spoke on intelligence tests as given in their respective schools. The consensus of opinion seems to be that the intelligence rating bears a very close relationship to the grade of work done by the student. A few outstanding exceptions were mentioned. Muriel Smith, a graduate of the Evanston Hospital who has for four years held the position of Assistant Psychologist at the Chicago Bureau of Child Study, spoke on different types of intelligence tests. She particularly emphasized the importance of a psychological interpretation of the tests. Before the close of the meeting Miss Knapp, of Wesley Hospital, asked the support of the League in raising funds for the completion of the Bordeaux Memorial.

Indiana: The INDIANA STATE NURSES' ASSOCIATION is conducting an *American Journal of Nursing* contest, open to Senior nurses enrolled in the accredited schools of the state. The prizes, which will be awarded at the state meeting in October, are one-year subscriptions to the *Journal*. Essays are to be on one or both of these subjects: "Why I Should Subscribe to the *American Journal of Nursing*"; "Why I Should Be a Member of My Alumnae Association, District, State, and American Nurses' Association." The chairman of the State Committee in charge of the contest is Grace Cook, Indianapolis City Hospital.

Kansas: The eighteenth annual meeting of the KANSAS STATE NURSES' ASSOCIATION will be held October 9–12, at the Hotel Lassen, Wichita.

Kentucky: The KENTUCKY STATE NURSES' ASSOCIATION will hold its annual meeting in Frankfort, June 6–8.

Massachusetts: The MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its annual meeting on June 8 in the new Y. W. C. A. building, 140 Clarendon Street, Boston. Public Health and Private Duty Sections will hold meetings in the morning. In the afternoon, the annual meeting of the Association will be held with election of officers, and an address by Mrs. Wenona Osborne Pinkham, Executive Secretary of the Massachusetts Civic League, on "The Proposed Work of the Children's Commission."

Michigan: The business of the MICHIGAN STATE NURSES' ASSOCIATION was taken care of on Wednesday, April 11, at the annual meeting of the Association. The twenty-fifth anniversary of the organization was celebrated with an anniversary dinner in the evening. Emilie Sargent presided. The invocation was given by Dean Johnson of St. Paul's Cathedral. Mrs. Lystra E. Gretter, the first President of the Association, read the address which she read at the first annual meeting. Frederick Schneider, who assisted the nurses in a legal way during their struggles for state registration, told how the law was finally accepted, and some amusing incidents which took place in the legislature before it was reported out of committee. Student nurses of the Henry Ford Hospital School of Nursing sang. A large birthday cake was presented to the President, followed by twenty-five small cakes, each presented by a student nurse.

At the business meeting the following officers were elected: President, Emilie Sargent; vice presidents, Elsie Braun and Alice Hull; recording secretary, Elizabeth Robinson; corresponding secretary, Amy Beers; treasurer, Emily Rankin; counsellors, Mrs. Lystra

Gretter, Grace Ross. Officers of Sections are: Public Health, Mrs. Louise Viets, chairman; Mildred Cardwell, secretary. Private Duty, Mrs. Elizabeth Westendorf, chairman; Anne McClure, secretary.

The Michigan League of Nursing Education elected: President, Elizabeth Watson, Grand Rapids; secretary, Adelaide Beers, Muskegon.

The Michigan State Nurses' Association is offering two loan scholarships, of $600 each, to nurses resident and working in Michigan, one in the field of public health nursing, and the other in the teaching field of schools of nursing. Full information may be obtained by writing to the Chairman of the Committee, Milenka Herc, Visiting Nurse Association, 51 West Warren Avenue, Detroit.

Montana: The MONTANA STATE NURSES' ASSOCIATION will hold its annual meeting in Great Falls, July 23–25, in conjunction with the meeting of the Northwest Section of the American Nurses' Association.

New Hampshire: The NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION will hold its annual meeting on June 12 at the New Hampshire State Hospital, Concord.

New Jersey: The annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION, in joint session with the New Jersey League of Nursing Education and the New Jersey State Organization for Public Health Nursing, was held at the Plaza Hotel, Jersey City, April 18, 19 and 20. All meetings were held in the ball room of the hotel. The meeting on Thursday was under the auspices of the League of Nursing Education, Jessie M. Murdoch, President, presiding. As New Jersey nurses have been thinking more unitedly, during the past three years, of the value of higher education for nurses, and recently have been forming some concrete plans that, it is hoped, may lead to the establishment of university affiliation for schools of nursing in the state, the program arranged for the League was particularly interesting. Miss Goodrich, Dean of the Yale School of Nursing, and Dean Douglass, of the New Jersey College for Women, were the speakers, and their respective topics were: "The University School of Nursing" and "University Affiliation for Schools of Nursing." Dean Douglass expressed her wholehearted conversion to a program that would make possible, for schools of nursing in New Jersey, affiliation with the Women's College, and offered herself and the facilities of the college to this end. Carolyn E. Gray, Chairman, Committee for the Study of Nursing Education in Colleges and Universities, National League of Nursing Education, opened the discussion from the floor. A committee, representing the three nursing organizations in the state to study the plan for affiliation with the Women's College, has been appointed, and Carolyn Gray has been engaged as adviser to the committee. At the annual meeting of the State Association, held on Friday, Anne E. Rece, President, presiding, there were interesting committee reports and the election of the following officers: President for two years, Kate Madden, Elizabeth General Hospital, Elizabeth; first vice president, Mrs. Mabel Graham von Deesten, Jersey City; treasurer, Mrs. Emily K. Wisely, Trenton (reëlected); director for three years, Miss Anne E. Rece, Plainfield.

The afternoon session consisted of very interesting addresses by Dr. George O'Hanlon on "The Value of Teaching Psychiatry to Students of Schools in General Hospitals," and "What Can I Do about Nursing Problems?", Janet M. Geister. A round table on "Official Registries" was conducted by Eunice F. Whipple, Director, Official Registry Service, New York City. Topics that will be given special consideration next year will be the Official Registries, the Relief Fund, Insurance, Financing the Work of the Grading Committee, and Promoting Interest in the *Journal*. At the conclusion of the afternoon program, tea was served by the Alumnae Association of the School of Nursing of Christ Hospital.

On Friday evening, the usual joint banquet was held, Miss Rece, retiring President, presiding. There were 230 present, of which number 47 were student nurses who were grouped in the center of the dining room, directly in front of the speakers' table. The guests of honor were the Hon. A. Harry Moore, ex-Governor of New Jersey, and Mary M. Roberts, Editor of the *American Journal of Nursing*. Both brought congratulations and much good cheer.

On Saturday, the 20th, the STATE ORGANIZATION FOR PUBLIC HEALTH NURSING, Anna A. Ewing, President, held a business meeting in the morning with an address on "Health Work in Industries" by Bernard S. Coleman, Executive Secretary, Essex County Tuberculosis League. At noon there were five round-table luncheons, covering topics of varied interest to nurses in the Public Health field.

The afternoon program consisted of addresses on "Tuberculosis with Special Emphasis on the Disease among Juveniles" by Dr. Samuel B. English, Superintendent, New

Jersey Sanatorium for Tuberculous Diseases, "Newer Trends in Child Welfare Work" by Jessie P. Condit, Director, Newark Children's Aid Society, and "Mental Hygiene Problems in New Jersey" by Dr. C. P. Kones, State Department of Institutions and Agencies.

The meetings were well attended, and the thoughtfulness and hospitality of the Local Arrangements Committee kept the guests surrounded with that "homey" atmosphere that always ends in a good time for all.

New Mexico: The NEW MEXICO STATE NURSES' ASSOCIATION held its eighth annual meeting at St. Joseph's Sanatorium, Albuquerque, on April 27. Rev. Mr. Webber offered the invocation. Reversing the usual order of meetings, most of the papers and addresses were in the forenoon. Mrs. Florence Bell Smith, who attended the Louisville Convention as the State's special representative, gave a very interesting account of it. Augustine Stoll, of the Indian Bureau Nursing Service, gave a most vivid talk on the work being done among the Indians. She gave a picture very much in contrast to recent articles appearing in one of the magazines. Wearing a lovely silver, Indian necklace, standing on beautiful hand-woven Indian rugs, with the real Indians in picturesque costume wandering about the grounds, her talk seems especially appropriate, and it was much enjoyed. Dr. C. C. Davis talked on the one subject most vital to New Mexico and the southwest—"Tuberculosis." Myrtle Greenfield of the State University laboratory described very interestingly a disease prevalent in the Southwest, but until recently little known, "Tularemia," commonly carried by wild rabbits.

The business session and election of officers came in the afternoon. Elizabeth Reynolds, representing the western branch of the American Red Cross, addressed the audience on the work being done by the Red Cross and emphasized the necessity of an active Red Cross Committee among New Mexico nurses. Such a committee was formed and the names forwarded to Red Cross Headquarters for approval. Last came the address of Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*, and although she did not reach the city until after three o'clock (coming from Arizona), she held the undivided attention of her audience.

The annual banquet was held at the Franciscan Hotel in the evening and proved a success in every way. Again Miss Reynolds and Miss Cornelisen gave intensely interesting talks. The retiring President, Mrs. Blanche A. Montgomery, introduced the newly-elected President, Mrs. Florence Bell Smith who made a brief talk. Thus ended a busy and interesting day. Officers elected are: President, Mrs. Florence Bell Smith, Albuquerque; vice presidents, Dora Caloway of Albuquerque and Helen Sulier of Otoi; secretary, Mary P. Wight, Albuquerque; treasurer, Sister Marie Electa, Albuquerque. The members felt that the meeting was interesting and profitable.

Rhode Island: The RHODE ISLAND LEAGUE OF NURSING EDUCATION has accepted the resignation of its President, Grace Breadon, as she was leaving the state. She is succeeded by the Vice President, Helen O. Potter. Mrs. M. Barbara Anderson was appointed to fill the office of vice president for the unexpired term.

South Dakota: The SOUTH DAKOTA STATE NURSES' ASSOCIATION will hold its annual meeting in Huron, June 3–5.

Texas: The 1929 meeting of the three State organizations of Texas began on May 7, at the Polk Methodist Church, at Amarillo, by the Texas Organization for Public Health Nursing. Mary Kennedy, the President, presided. After the invocation and an address by the Mayor, Colonel Thompson, and responses, the program was presented as follows, with Cecelia Moore presiding: "A Model Health Talk to School Children," "Follow-up Visits," "The Health of the Adolescent," "The Public Health Part in Our Educational Program," "Public Health in Texas" and "Health of the Pre-school Child." A question box was conducted under the head of "My Greatest Problem." The program speakers were from the laity as well as the medical and nursing professions. A banquet was given in the evening; the Rt. Rev. Bishop R. A. Gerken and Rev. Clark Buckner were the chief speakers.

On Wednesday, the Graduate Nurses Association opened its meeting with Miss E. L. Brient, President, presiding. After the invocation an address was given by Judge Gulecke, President of the Chamber of Commerce; responses were made by Mrs. Alma Scholes, Mrs. George Eubank, Alice Dorvin and Mrs. Grace Engblad. Following the morning session, Mary M. Roberts, representing *The American Journal of Nursing* and A. N. A. Headquarters in New York, gave a talk on "Professional Investment." The afternoon session was given over to the Private Duty Section. Mrs. Laura Marr, of Dallas, presided. She read a paper written by Sister Antonio, of Dallas, entitled "Constructive

Criticism of Private Duty Nursing"; she also read a paper written by herself on "My Younger Sisters." These were followed by a round table conducted by four student Senior nurses from St. Anthony's Infirmary and Northwest Texas Hospital, both of Amarillo. It was most interesting, and members certainly saw themselves as others see them when they had finished. Miss Roberts gave a short talk on "Private Duty," and after some discussion the meeting adjourned. At 8.00 the Memorial service for Florence Nightingale, Jane Delano, Anna Maxwell and our own departed members, was held in St. Andrew's Church, with the Rt. Rev. E. Cecil Seaman in charge.

On Thursday, after the invocation, minutes, and reports, the meeting was turned over to Sue Travis to preside over a Conference of Nursing School Instructors. Miss Travis gave a splendid address, bringing out many points for discussion. In the absence of Dr. F. P. Miller, President of the Texas Medical Association, Dr. Killough, of Amarillo, gave an address. Mrs. Alberta Bailey, past President of the State Nurses' Association of Kansas, gave a most delightful talk on the I. C. N. Meeting at Helsingfors, and brought before the members so vividly the personnel of that I. C. N. that much inspiration was created and the nurses are very enthusiastic about going to Montreal.

The luncheon was the meeting place for the American Red Cross Nursing Service. The tables were decorated with large red crosses and a bright red carnation was laid at each place. There were 85 present at the luncheon, but only 33 were Red Cross members. The absence of Mrs. Vaughan and Mrs. Cloudman was greatly regretted. In the absence of the State Chairman, Mrs. Walker, Emily Dana Greene, the State Secretary, presided. Reports from the committees were read from Fort Worth, El Paso, Dallas and Houston.

At 1.30 the business session of the Graduate Nurses' Association was opened by Miss Brient, and unfinished business taken up. It was voted to raise the assessment of $903, each year, for the Grading Committee. Miss Dietrich, the General Secretary, was elected delegate to the I. C. N. and also to the Southern Division Meeting in Atlanta, Ga. Miss Roberts gave a most interesting talk on "Graduate Nursing versus Student Nursing Service," based on the findings of the Grading Committee, and the charts and talk were most enlightening and brought out much discussion. At 8.00 p. m. a banquet was served, with District No. 2 as hostesses to 150 nurses.

On Friday, May 10, the League of Nursing Education was in charge. Since many were leaving Friday night, it was decided to combine the Friday and Saturday sessions and adjourn Friday night. The morning session was opened with Lucy Harris, a Director, presiding in the absence of both the President and the Vice President. The invocation was given by the Rt. Rev. E. Cecil Seaman, Bishop of the Episcopal District of North Texas. Dr. Davis, of the State Health Department, gave a talk about the importance of "Birth Registration." It was voted to have an institute in the fall, at Austin, and $50 was voted for the Grading Committee. Miss Roberts gave an address entitled "What and How to Teach Nurses Ethics"; a paper on "Ethics" was also read by Julia Kasmeier, of San Antonio. Essie Crenshaw, Director of Education at Baylor Hospital, Dallas, gave two splendid papers on "Principles of Teaching." At the request of Miss Harris, of Fort Worth, Miss Dietrich presided at the afternoon session. Miss Roberts gave a talk on "The Official Registry." Those taking part in the discussion were Mrs. Engblad of Houston, Mrs. Rembert of Dallas, Miss Greene of El Paso and Mrs. Strelitz of Houston. Miss Roberts also spoke on "Twenty-four-Hour Nursing, Hourly and Group Nursing, which subjects were discussed by those present. The result of the League election was as follows: President, Miss Burlew of Dallas; vice president, Clara Wright of Temple; secretary-treasurer, Zora McAnnelly of Galveston; directors, Sister Valeria of Austin and A. Louise Dietrich of El Paso.

Luncheons for each day were served in the basement of the church by the ladies of the church. The weather man sent gloriously cool weather. Every one of the sixteen districts was represented, some traveling 930 miles to attend the meeting. Texas nurses are most grateful to the *Journal* for Miss Roberts. Election of officers: President, Mrs. Helen Lehman, Dallas; vice presidents, Miss E. L. Brient, San Antonio, Mrs. Charles Ray, Amarillo, Mrs. Alma Rembert, Dallas; Secretary-treasurer, A. Louise Dietrich, El Paso; directors, Miss F. E. Gants and Miss L. K. Middlebrook. Beaumont was selected for the 1930 meeting.

Washington: The WASHINGTON STATE NURSES' ASSOCIATION will hold its annual meeting in Seattle, with headquarters at the Olympic Hotel, June 6–8. The State Association will have a round table, the last hour on Thursday; and the State League, the last hour on Friday.

District and Alumnae News

Alabama: Birmingham.—Five nurses celebrated the twenty-fifth anniversary of their graduation from ST. VINCENT'S HOSPITAL TRAINING SCHOOL with a party at the Nurses' Club. They are: Mrs. D. C. Van Merkestyn (Catherine Margaret Collins), Catherine Moultis, Joanna Bartens, Mrs. Walker Foster (Mary Walker) and Katherine Taylor. The party was held in the clubhouse, which is the newest and proudest possession of District 1. **Montgomery.**—DISTRICT 2 held a meeting, May 7, at the Woman's Club in honor of Dora M. Cornelisen, who gave a most interesting and instructive talk on the *Journal*. On May 8 the annual meeting was held in the County Medical Rooms. Upon request, Miss Cornelisen gave short talks on Registries and the Bordeaux Memorial Fund. Officers elected were: Margaret Hutton, president; Mary Bush and Lillian Hachney, vice presidents; Lucile Stuart, secretary; Plunia Jones, treasurer; Augusta Moore and Elizabeth Farrish, directors.

Connecticut: Commencement exercises of the Class of 1929, GRACE HOSPITAL SCHOOL OF NURSING, New Haven, were held in Plymouth Church on May 11. The class of thirty-three was addressed by Annie W. Goodrich, Dean of Yale School of Nursing.

Florida: DISTRICT 13 held its regular meeting at the Mound Park Nurses' Home, May 1, Ruby M. Cary, President, presiding. Thirty-five members were present, and much enthusiasm was shown. Subjects pertaining to nursing were discussed. A Private Duty Section was organized, and Mrs. Alberta Sayford made chairman. The deficiency in the quota for District 13 of the Bordeaux Memorial was made up by a collection. Facts about the first Grading were given by the chairman. Prior to this meeting the Board of Directors completed the reorganization of the Registry Committee. Nurses, doctors and the lay public will be represented, and it is hoped this will increase the service and efficiency of the Nurses' Official Registry. Mae Meuks, Superintendent of Mound Park Hospital, will be chairman of this committee. Violet Murphy, Chairman of the Sunshine Committee, reported that they had been able to be of service to nurses who had been ill, and to those in sorrow. The Program Committee, Sarah Hardy, Chairman, furnished an interesting program. It was voted that regular meetings throughout the summer be continued. Heretofore, meetings have been suspended during the summer months.

Georgia: Augusta.—The new nurses' home of the UNIVERSITY HOSPITAL was opened on May 14. **Columbus.**—May 3 was a red-letter day in the history of the FIFTH DISTRICT, as the meeting held was one of the most interesting and best attended since the organization was formed. An unusual feature was the reading of a paper on the "Life of Florence Nightingale," by Carolyn Pate, a student nurse. Mrs. Lotte Crouch, Superintendent of Nurses, made the introductory remarks. The District has volunteered to sponsor a little girl who has been sent to the Appleton Church Home in Macon. **Gainesville.**—The NINTH DISTRICT ASSOCIATION and the ALUMNAE ASSOCIATION OF DOWNEY HOSPITAL were both organized in May, with the assistance of the State Executive Secretary. **Savannah.**—A regular meeting of the FOURTH DISTRICT was held on April 24, in the Telfair Hospital, Miss Gatzka presiding. The program was in charge of Honore Burke and the speaker was Dorothy Deming of New York, representing the National Organization for Public Health Nursing and the *Public Health Nurse*.

Illinois: Chicago.—The FIRST DISTRICT ASSOCIATION held a dinner meeting on May 14 at the Chicago Woman's Club. A most interesting program was arranged by the Public Health Section, of which Harriet Fulmer is chairman. The speakers were: Mrs. Andrew MacLeish, Mrs. Murray Nelson, Laura R. Logan and Ella G. Best. A musical program was given by the chorus of the Augustana Hospital School of Nursing. The Board of Directors has arranged to hold all future meetings of the District at the new Chicago Woman's Club. It is hoped this closer association with such an important organization will stimulate interest in nursing education. THE CENTRAL COUNCIL FOR NURSING EDUCATION held a luncheon at the Palmer House on May 9. The speaker was Dr. Michael M. Davis, Director for Medical Services, Julius Rosenwald Fund, who took for his subject "Public Responsibility in Nursing." Graduating exercises of the SWEDISH COVENANT HOSPITAL SCHOOL FOR NURSES was held on May 22 at the Edgewater Mission Church. The class of fifteen was addressed by Professor Algoth Olson and by Dr. R. G. Willy. The PRESBYTERIAN HOSPITAL held graduating exercises for the School of Nursing on May 23.

Iowa: Des Moines.—DISTRICT 7 held its regular monthly meeting at Younker's Tea Room, May 2, following a dinner. Effie Doan gave an interesting talk on Social Service Case Work. Molanda Silzer, President of Seventh District, gave a comprehensive report of the

Mid-West Division recently held in Detroit. A short business session followed the program. The principal discussion was on the subject of a clubhouse for the district. The fourth annual meeting of the STATE PUBLIC HEALTH ASSOCIATION and CONFERENCE OF HEALTH OFFICERS AND PUBLIC HEALTH NURSES was held in Des Moines, May 7. The meeting was well attended by public health nurses of the state. A splendid program of papers by both physicians and nurses on the various phases of public health work was given.

Louisiana: Alexandria.—The GRADING COMMITTEE STUDY AND SOCIAL CLUB of Alexandria District was entertained by Cornelia Gravel, April 9. Minnie Gilmore presided. A general discussion followed the reading by Miss Gilmore of "The First Grading" by Dr. May Ayres Burgess. Sketches of the lives of Lillian Clayton, President of the A. N. A., and of Clara Barton were read by Miss Gravel, and their pictures shown in connection with the study of the makers of nursing history. Attention was called to membership charts, and all present were asked to purchase one. Thirteen members and two guests were present. **New Orleans.**—The PRIVATE DUTY SECTION of the New Orleans District was organized March 1. At its first meeting, held April 18, at the clubhouse, the rules of the National Association for a Private Duty Section were adopted. Other business was discussed and recommendations made for the District. Dr. Stroger of the Louisiana State Board of Health and the Rockefeller Foundation gave a talk on public health work. The regular quarterly meeting of the NEW ORLEANS DISTRICT was held at the clubhouse, April 25, Miss McCaughan presiding. Routine business was carried on, and reports from various committees heard. A note of interest was the reading of a letter from Miss Cornelisen, whose recent visit to the Association was not only a great help but also a pleasure.

Maryland: Baltimore.—JOHNS HOPKINS HOSPITAL held graduating exercises for a class of eighty-four, on May 23. The address was given by Adda Eldredge. MERCY HOSPITAL held commencement exercises for a class of thirty-six on May 21, when addresses were given by Alexius McGlannan, M.D., and Michael J. Curley, D.D. **Towson.**—Mr. W. Champlin Robinson presided at the opening of the new Reception Building of the SHEPPARD AND ENOCH PRATT HOSPITAL on May 18. The speakers were: Dr. Edward N. Brush, Dr. Ross McC. Chapman, Dr. Harry Stack Sullivan and Dr. William A. White.

Massachusetts: Boston.—At the annual meeting of ST. ELIZABETH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION, at Faneuil Library, the following officers were elected: Mrs. Martha Cronin, president; Mary Fisher, vice president; Miss Delorey, secretary; Mrs. Deulin, treasurer. Miss B. Gavin is chairman of the Entertainment Committee; Miss S. Cambell, Sick Committee; Miss E. J. Culliton, Publicity Committee; Miss M. Conlon, Counsellor to the State Association. Graduation exercises of the School of Nursing of the NEW ENGLAND DEACONESS HOSPITAL were held at St. Mark's M. E. Church, Brookline, on May 14. The class of forty-four graduates was addressed by Rev. Ashley Day Leavitt, D.D.

Michigan: Albion.—The regular meeting of the BATTLE CREEK DISTRICT was held on May 8 at Parker Inn. An interesting review of the State meeting and the Mid-West meetings was given by Erma Scramlin. Mr. Starr of the Starr Commonwealth for Boys gave a sketch of the work he is doing for wayward boys. The business meeting followed. **Detroit.**—More than four hundred graduate and student nurses attended the annual FLORENCE NIGHTINGALE SERVICES in St. Paul's Episcopal Cathedral, on Sunday evening, May 12. Rev. Alvin E. Magary, was the speaker. The COMMUNITY GRADUATION exercises of the Detroit schools of nursing were held in the Masonic Temple on May 9. More than two hundred students were given diplomas. Dr. Chester Emerson was the speaker. **Grand Rapids.**—BLODGETT MEMORIAL HOSPITAL will hold commencement exercises on June 12, at which time thirty nurses will receive diplomas. Dr. Eben Mumford of the Michigan State College will give the address. Twenty-five nurses of ST. MARY'S HOSPITAL SCHOOL of NURSING completed their course at exercises, held May 22. Rev. John Westdorf, a former Chaplain, was the speaker. BUTTERWORTH HOSPITAL held commencement exercises at St. Mark's Procathedral on May 16. There were thirty-eight graduates. Dr. Theodore Soares of the University of Chicago was the speaker.

Nebraska: Omaha.—The NEBRASKA METHODIST EPISCOPAL HOSPITAL held commencement exercises for a class of twenty-eight on May 15. The address was given by Dr. Charles J. Bready.

New Jersey: Elizabeth.—The ELIZABETH GENERAL HOSPITAL held graduating exercises and the thirty-seventh anniversary of the School of Nursing on May 14, in the Central Baptist Church. The address to the thirteen

graduates was given by Hon. A. Harry Moore, Ex-Governor. **Long Branch.**—A regular meeting of DISTRICT 4 was held at the Nurses' Home of the Monmouth Memorial Hospital, May 7. Carolyn E. Gray, Chairman of the National Committee on University Schools of Nursing, was present, and delivered a most interesting and instructive address on "University Education for Student Nurses." Arabella R. Creech, Executive Secretary of the State Association, gave a short report on the State meeting. There were about eighty members present from the three counties which belong to District 4. The thirty-first commencement exercises of the School of Nursing of the MONMOUTH MEMORIAL HOSPITAL were held on May 10, in the High School Auditorium, for a class of twenty. Addresses were made by the Hon. E. C. Stokes, former Governor of New Jersey, and Dr. William G. Herrman. **Montclair.**—The MOUNTAINSIDE HOSPITAL held graduating exercises for twenty-eight members of the class of 1929 on May 17. **Newark.**—The annual business meeting of the NEWARK MEMORIAL HOSPITAL ALUMNAE ASSOCIATION was held on February 4. The meeting was well attended. The annual reports of the Treasurer and Secretary were given. The following officers were elected: Anna Thomas, president; Miss B. McDonnell, treasurer; H. L. Hurd, secretary. Miss L. Leonard is chairman of the Flower Committee.

New York: Binghamton.—The ALUMNAE ASSOCIATION OF THE BINGHAMTON TRAINING SCHOOL FOR NURSES has done an original and valuable piece of historical research by compiling and printing the "Alumnae Review," a historical sketch of the City Hospital, the School, the Alumnae Association and its graduates. It is clearly arranged, well printed, and is illustrated by photographs showing the evolution of the hospital, the nurses' home, and groups of older and later graduates. Ethel A. Thornburn was chairman of the Editorial Committee of the Alumnae Association, responsible for the work. **Brooklyn.**—The ALUMNAE ASSOCIATION OF THE SCHOOL FOR NURSES OF THE LONG ISLAND COLLEGE HOSPITAL elected the following officers at its annual meeting: President, Mrs. Gertrude S. Wood; vice presidents, Blanche Naylor, Honora Darling; corresponding secretary, Myrtle C. Teepell; recording secretary, Margaret Baird; treasurer, Angeline Frickle. **Farmingdale.**—A new nurses' home, costing $200,000, is nearing completion at the NASSAU COUNTY SANITARIUM. All nurses will have single rooms. There are several living-rooms, diet kitchens, etc. **Ithaca.**—Twenty-eight nurses from the Triple Cities and vicinity attended the semi-monthly meeting of DISTRICT 5, in the Woman's Federation Building, May 6. District 5 has planned a membership drive, in coöperation with the State Association. The State will give a prize to the district winning most members, and District 5 is working hard to win. Reports on the progress of the drive were discussed by the President, Jeannette B. Salmon. Margaret Hanley is chairman of the Committee of Arrangements for the annual banquet to be held on June 5. **New York.**—The HARLEM SCHOOL OF NURSING held graduating exercises for a class of twenty-nine on May 1, the address being given by Mary M. Roberts. The CITY HOSPITAL held graduating exercises on May 16 for a class of twenty-seven. The PRESBYTERIAN HOSPITAL held commencement exercises for a class of forty-nine on May 28.

Ohio: Cincinnati.—The newly-elected officers of the DEACONESS HOSPITAL ALUMNAE ASSOCIATION are: President, Emma Kessler; vice president, Marie Villing; secretary, Julia Reck; treasurer, Mrs. Sarah Campbell. **Dayton.**—The MIAMI VALLEY HOSPITAL held commencement exercises on May 14 at the National Cash Register School House. Ella Phillips Crandall of New York was the speaker.

Pennsylvania: Coatesville.—The tenth annual commencement exercises of the COATESVILLE HOSPITAL were held in the Coatesville High School on May 2, when a class of twelve received diplomas. **Philadelphia.**—The Alumnae Association of the Training School for Nurses of the PHILADELPHIA GENERAL HOSPITAL held its annual meeting on Easter Monday, April 1. The following officers were elected: President, C. Marie Fawcett; vice presidents, I. Reardon, Anna Dempsey; corresponding secretary, Dorothy Morris; recording secretary, Gladys Currin; treasurer, Cecelia R. Kennedy; and two directors. The Graduate Nurses' Infirmary, consisting of three rooms, located in the new hospital, has been furnished and is now available to graduates of the school. The rooms are furnished in good taste and are equipped with every comfort and convenience, evidence of the time and thought given by the members of the committee. At the commencement exercises of the PROTESTANT EPISCOPAL HOSPITAL, twenty-five nurses received diplomas. The address was given by Robert J. Montgomery. Others who took part were Charles A. Gill, Superintendent, Anna B. Behman, Directress

of Nurses, and Rev. Joseph Manuel, Chaplain. The regular meeting of the Nurses' Alumnae Association of the SAMARITAN HOSPITAL was held March 26. After routine business, plans were made for the annual banquet. Dr. G. Bird gave an illustrated lecture on x-ray work which was extremely interesting. There were 55 present. The February meeting was also quite a success; although it was a very stormy night, there were 45 present. The Program Committee is having something extra for each meeting; the meetings are snappy and interesting and well attended. **Pittsburgh.**—The ALLEGHENY GENERAL HOSPITAL held commencement exercises on May 21 for a class of twenty-one. The address was given by Dean Percy J. Kammerer. The PITTSBURGH LEAGUE OF NURSING EDUCATION closed its year's work with a tea at the Suburban General Hospital, Bellevue, May 8, Eva M. Braun and Florence MacDermid acting as hostesses. The April meeting was probably the most interesting of the year. A debate was given—*Resolved:* That extra-curricular activities are most desirable and should be beneficial in the development of student nurses and therefore should be included in the curriculum of the training school. Affirmative, Gertrude Sutherland, Mae Hinchey; negative, Ellen E. Dever, Mrs. Mary Turner. The judges were Jennie Manley, Sister Laurentine and Mary B. Miller. The report of the judges was in favor of the negative side. However, they stated that while they felt that extra-curricular activities are most desirable and should be beneficial in developing student nurses, time would not permit these unless an eight-hour day could be established, exclusive of class periods.

The tentative program as outlined for the coming year is as follows: October, "Psychology and the Student Nurse." Speaker to be announced. November, Debate: "Relative Value of Psychology and Anatomy in the Curriculum." December, Concert and Play—Dramatic and Glee Clubs, West Penn Hospital. January, Annual Meeting. "Dietetics—Its Relation to the Student Nurse and Place in Curriculum." Speaker, Miss Wilson, Dietitian, Homeopathic Hospital. The joint commencement for the CHILDREN'S (twelve graduates) and the ELIZABETH STEELE MAGEE (thirteen graduates) hospitals was held at the Schenley Hotel, May 7. The chief speaker was Dr. Jesse Hayes White of the University of Pittsburgh.

South Dakota: Rapid City.—The METHODIST DEACONESS HOSPITAL held open house on National Hospital Day, May 12. The Hospital held graduation exercises for a class of five, on May 14. The address was given by Bishop Charles Edward Locke.

Texas: Galveston.—The ALUMNAE ASSOCIATION OF THE UNIVERSITY OF TEXAS, College of Nursing, John Sealy Hospital, will hold its annual home-coming reception at the Rebecca Sealy Nurses' Residence, and banquet honoring the graduating class at the Hotel Galvez, on May 30. Very definite plans are being made for increasing the capacity of the Nurses' Residence of the John Sealy Hospital to accommodate 160 instead of 70 persons. The plans contemplate a roof garden and gymnasium and ample space for classrooms and instructors' offices. All rooms will be single. The State Legislature has recently donated $25,000 for furnishing the building. The building is to be open for the October class of 1930.

Virginia: Richmond.—The commencement exercises of the STUART CIRCLE HOSPITAL were held at the First English Lutheran Church on May 13 for a class of fifteen. Dr. J. Allison Hodges gave the address. The commencement exercises of the DEPARTMENT OF NURSING, MEDICAL COLLEGE OF VIRGINIA, will take place on May 28.

Washington: Seattle.—The PROVIDENCE SCHOOL OF NURSING held commencement exercises for a class of thirty on May 3. Remarks were made by Rt. Rev. Monsignor Ryan and an address was given by Professor Clark Bissett. **Tacoma.**—The TACOMA GENERAL HOSPITAL held commencement exercises on May 15 for a class of thirty.

West Virginia: Parkersburg.—The CAMDEN-CLARK MEMORIAL HOSPITAL held commencement exercises on May 29 for a class of eight. The address was given by George H. LaVallee.

Wisconsin: Fond du Lac.—ST. AGNES HOSPITAL SCHOOL OF NURSING held commencement exercises, May 24, for a class of twenty-three, in St. Agnes Convent Chapel. A reunion of the alumnae of the school occurred May 23–25. **Milwaukee.**—DISTRICTS 4 and 5. Edward A. Fitzpatrick, Ph.D., a member at large of the National Committee on the Grading of Nursing Schools, addressed the Association at the regular meeting, on April 9. Dr. Fitzpatrick is Dean of the Graduate School, Marquette University, Milwaukee. PRIVATE DUTY NURSES' SECTION, at their April meeting, had as speaker, Adda Eldredge, Director Bureau of Nursing Education, State Board of Health. Her topic was "The Nurse and the Future."

Deaths

Mrs. Josephine Chevier (class of 1898, St. Mary's Hospital, Detroit, Mich.), on March 4, of a heart attack, at the Receiving Hospital, Detroit, where, for ten years, she had been housekeeper in the Nurses' Home. Mrs. Chevier had done private nursing for many years. In her work at the Receiving Hospital she was like a mother to the nurses, and won their deep affection.

Louzetta E. Cornish (class of 1896, Hahnemann Hospital, Philadelphia), in Vineland, N. J., on April 28. Miss Cornish did faithful private duty for some years after graduation; she was Superintendent of St. Luke's and Hahnemann Hospital of Baltimore, 1912–1916; in charge of the Mary Gates Hospital, Port Arthur, Texas, 1916–1921, where she established a training school for nurses because of the shortage of nurses during the war, going to St. Luke's Hospital, Bristol, Tenn., in 1921. For some years past she had been doing private duty in Atlantic City, where she was a member of the Board of Directors of District 6, and a member of the Local Committee of the Red Cross Nursing Service.

Jane Geraldine Mahaney, on April 27. Miss Mahaney was a member of the Detroit District. She had recently been on duty at the William Maybury Sanitarium and at the Herman Kiefer Hospital.

Mrs. Francis McGarrigle (**Beasy McGorty,** graduate of the Polyclinic Hospital, New York), on April 30, after a short illness.

Mary Julia Putts (graduate of the Homeopathic Hospital, Baltimore, Md.), of angina pectoris, at the King's Daughters' Hospital, Temple, Texas, May 8. Following Miss Putts' completion of her course as a nurse, she devoted the remainder of her time to administrative work, serving for a number of years as superintendent of her Alma Mater. She also served in Richmond General Hospital, Richmond, Va.; in hospitals at Reading, Pa., and New Haven, Conn.; at Sydenham Hospital, Baltimore; Frances Willard Hospital, Chicago; Minneapolis General Hospital; and for the last fifteen years with the King's Daughters' Hospital, Temple, Texas. She was a member of the National, State, and Local Graduate Nurses' Associations, a member of the American Hospital Association.

Beatrice H. Robitaille (class of 1909, St. Joseph's Hospital, Yonkers, N. Y.), on April 23. Miss Robitaille did private duty nursing for six years after graduation, and for four years she was a member of the staff of the Henry Street Visiting Nurse Settlement. She became a Red Cross nurse in 1918 and did work under the Red Cross in Ohio. She was Director of Child Hygiene in Kentucky for two years and, later, a supervisor for the Brooklyn Nursing Service. She was a woman of high character, industrious and faithful; she helped raise the standards of her profession.

Adah M. Turner (class of 1906, Hahnemann Hospital, Philadelphia), in Hahnemann Hospital, after a long illness, on April 26. Miss Turner was in charge of the Obstetrical Department of her hospital for some years, after which she did private duty nursing in Wilmington, Del., and South Jersey. She was beloved by all who knew her.

Catherine Williams (class of 1919, St. Mary's Hospital, Philadelphia, Pa.) on April 12, after a prolonged illness. After her graduation, Miss Williams did private duty nursing and, later, school nursing. She was President of the School Nurses' Association for a year and Secretary of St. Mary's Alumnae Association for three years.

"SO be my passing!
My task accomplished and the long day done,
My wages taken, and in my heart
Some late lark singing,
Let me be gathered to the quiet west,
The sundown splendid and serene,
Death"

W. E. HENLEY

About Books

CONSECRATIO MEDICI. By Harvey Cushing, M.D. 276 pages. Little, Brown and Company, Boston. 1929. Price, $2.50.

"CONSECRATIO MEDICI" is a book of particular interest and value to the medical and nursing professions, but the general reader who wishes to know something of the labors of the men who have contributed much to the advancement of the science of medicine will find this a volume of interesting information written in non-technical language. The reader who finds pleasure in well-turned sentences, singing words, apt phrasing, will find the book a continuous delight, as was "Aequanimitas," a very similar volume by the author's great mentor, Dr. Osler.

The book is composed almost entirely of addresses which the author has delivered on various occasions at home and abroad, from 1904 to 1927. The first paper (from which the book takes its name) sets a high ideal of therapeutic consecration and warns that "the time inevitably comes to each and every one when he must needs cry out for some experienced and sensible doctor who can alleviate if not cure his particular ailments, be they physical or mental; and the kind of sagacity and resourcefulness he will expect and need is less laboratory-born than bred of long and sympathetic familiarity with the anxieties and complaints of ailing, damaged and worn-out human beings." This chapter, as well as the one on "Realignments in Greater Medicine," preach a fundamental message—discard not that which is good in the old while judiciously making use of modern methods and ideas.

Some critics may contend that the chapter on war memories is not pertinent.

No one, whether a member of the profession or the laity, can read the chapter on "William Osler—the Man," unmoved. It is a fine and a masterly piece of character drawing of the "many Oslers; the physician, the professor, the scholar, the author, the bibliophile, the historian, the philanthropist, the friend and companion for young and old;" but always, in the home or in public life, the man of high ideals.

Of very special interest to nurses, is the chapter, "Louisa Parsons and Her Medals;" while to hospitals, the chapter on "Personality in the Hospital" alone is worth the price of the book! Every hospital might conceivably profit by requiring every worker in the hospital, however humble the niche filled, to read this chapter; we are too prone to lose sight of the fact that "it is not the externals or the inherited wealth, social position or occupation of an institution, any more than of an individual, that gives it renown; it is the character of the service it performs, the quality more than the quantity of the work which enables it to establish and maintain leadership."

"The Doctor and His Books" is written with a charming humor and is pervaded with a mellow, ripened wisdom.

If the reader of this book remembers nothing of the wit or wisdom, of the history or traditions found within its pages, if he but cherishes within his

heart the "three personal ideals" of William Osler as herein set forth, "To do the day's work well, to act the Golden Rule in so far as in him lay, and lastly to cultivate such a measure of equanimity as would enable him to bear success with humility, the affection of his friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man," he will have been immeasurably enriched.

EDITH D. HERTZLER, R.N.
Kansas.

A LOST COMMANDER: FLORENCE NIGHTINGALE. By Mary Raymond Shipman Andrews. 299 pages. Doubleday, Doran and Company, New York. Price, $3.

THIS is a quite fascinating book, despite its obvious weaknesses, for it gives the reader an abiding sense of the tenacious courage and the far vision of Miss Nightingale. The name of the book is misleading, even though it comes from the authoritative "Life" by Cook, who said: "A great Commander was lost when Florence Nightingale was born a woman." From a nursing point of view, she was a great commander in a very true sense.

The book seems to have been inspired by Dr. Alfred Worcester whose appreciation of good nursing is so fine that even those who have opposed his fallacious scheme of nurse training are constrained to admire many of his attributes.

If Miss Nightingale had become a "stained-glass saint"—and it was said that she became a legend in her lifetime—that picture was shattered by Strachey in his "Eminent Victorians." Mrs. Andrews takes a quite opposite view and, in her effort to counteract Strachey's somewhat acidulous portrait, seems, to this reviewer at least, to have somewhat over sentimentalized her subject. Nonetheless, it is an interesting book and, since it was written for the general reader, it comes at a time when it should contribute to a better understanding of nursing.

THE INFANT AND YOUNG CHILD. By John L. Morse, M.D., Edwin T. Wyman, M.D., and Lewis W. Hill, M.D. Second edition, revised. 299 pages. Illustrated. W. B. Saunders Company, Philadelphia. 1929. Price, $2.

THE authors anticipate the questions of the well-informed intelligent mother concerning the child from birth to six years, and answer these questions scientifically and in detail.

Half the book is given to the discussion of feeding the young child. The advantages of breast feeding, the composition of human milk, the technic of nursing and of weaning, the composition of cow's milk and the various proprietary foods, instruction in the preparation of artificial feeding, food requirements, the causes, symptoms and treatment of indigestion, the introduction of new foods into the young child's diet, lists of foods for children at different ages, recipes for children's foods, foods for hot weather, for vacation, and for a journey, are discussed fully.

Another section of the book takes up other phases of physical care and training, and the mental and emotional training of the child at home, at church, and at school. A rather surprising discussion of the relation of obedience to health is quite convincing. In the chapter on the development of the special organs, several pages are given to the teeth and their care.

The last section of the book deals with diseases, emergencies, and medical supplies. In the chapter on

contagious diseases, prevention is stressed, especially prevention of diphtheria and smallpox; and at the end of the chapter, space is given for recording prophylactic injections.

Throughout the book the authors are trying to help the mother to keep the well child well, and to enable her "to carry out the physician's orders more understandingly" when her child becomes ill.

A good index is another helpful feature of the book.

A. HEISLER, R.N.,
American Child Health Association.
New York City.

PERSONAL HYGIENE FOR NURSES. By John W. M. Bunker, Ph.D., and Clair E. Turner, Dr. P. H. Second edition, revised. 210 pages. Illustrated. C. V. Mosby Company, St. Louis, Mo. 1929. Price, $2.

THE second edition includes new material and slightly elaborates some of the subjects included in a former edition.

The chapters which are new are:

Chapter 2, entitled "Light and Health," which presents the physics of light, the frequency of the wave length, visible and invisible light as physiotherapy, and includes heliotherapy and sources of ultra-violet rays. The chapter is summed up with the following statement:

> Light is not a cure-all. It has a definitely helpful value from a health standpoint. It should be used wisely by one well-informed, and not too much must be expected from it, nor must it be regarded as harmless.

Chapter 13, on "Reproduction" in which the author presents, briefly, Heredity and Eugenics with the hope that the reader may be stimulated to further study of both subjects. Little more than a statement of each subject is made here. A diagram in this chapter illustrates the mechanics by which the unit factor, color, is inherited in guinea pigs and Mendelian and non-Mendelian types of heredity.

Any elaboration of the former edition increases the value of the book which, in the reviewer's estimation, is one of the best books of Hygiene that we have at the present time.

If the book is used as a text for students and reference readings are assigned to supplement each subject, the student nurse would have a more comprehensive knowledge of Hygiene than the usual textbook gives, in which only a few subjects are discussed exhaustively.

ELSIE M. MAURER, R.N.
New York City.

GETTING READY TO BE A MOTHER. By Carolyn Conant Van Blarcom, R.N. Second edition, revised. 286 pages. 82 illustrations. The Macmillan Company, New York. 1929. Price, $1.75.

THE second edition of this book which has won a notable place for itself will be hailed with joy by all those who are in any way concerned with maternal care; and what woman is not? So widely used was the first edition that a less meticulous person than Miss Van Blarcom might easily have delayed revision.

The new edition has an introductory chapter that is alone worth the price of the book, so fraught is it with true sympathy and understanding. But the book shows evidence of careful work throughout. It contains about fifty added pages, many of them devoted to the care of the child. The illustrations, too, have been revised, some of the old ones having been replaced with new, as in the section on the care of the breasts, while the total number has been increased from sixty-seven to eighty-two.

The book is one which may be read

with profit by nurses and should be put into the hands of prospective mothers—and fathers.

PHYSICIAN AND PATIENT, PERSONAL CARE. Edited by L. Eugene Emerson. 244 pages. Harvard University Press, Cambridge, Mass. 1929. Price, $2.50.

THIS much needed book contains a series of nine addresses given by men eminent in medicine, at various times, at the Harvard Medical School. It might be said that the keynote of the book is to be found in the introduction when the editor quotes Dr. Francis W. Peabody as follows: "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is caring for the patient."

The book should interest all who care for sick people and that is practically all of mankind. It is full of wisdom for the nurse but the two addresses by Dr. Alfred Worcester: "The Care of the Aged" and "The Care of the Dying" should be adopted by schools of nursing as essential materials in their teaching. Wise, sympathetic, comprehending, Dr. Worcester has most beautifully illumined the way for those with the sensitive perception to follow his teaching whether they be clinicians or whether they be nurses.

BACTERIOLOGY AND SANITARY SCIENCE. By Louis Gershenfeld, Ph.M., B.Sc. 432 pages. Illustrated. Lea and Febiger, Philadelphia. 1929. Price, $4.

DR. GERSHENFELD has given us undoubtedly a reference book, if it is being considered for schools of nursing, and a very excellent one.

The four parts classify the contents into Bacteriology, Animal Parasitology, Infection—Immunity, and Sanitary Science, while the Appendix gives Diseases of Unknown Origin. Although the terminology presupposes a scientific foundation, the text is clearly and concisely written.

The arrangement of the page is convenient for reference reading, the subject being in heavy type and italics being used for emphasis. Although there are many subjects discussed not directly related to the nursing problem, indirectly they are related and tend to enrich the student's background.

MARY E. NORCROSS, R.N.
Boston, Mass.

PUBLIC HEALTH AND HYGIENE: A STUDENT'S MANUAL. By Charles Frederick Bolduan, M.D. 312 pages. 122 illustrations. W. B. Saunders Company, Philadelphia. Price, $2.75.

THIS new book, by Dr. Bolduan, opens with an historial sketch which stresses the development of public health and preventive medicine, beginning with the sanitary measures of the early Hebrews of Biblical times up to the present date. The first chapters tell something of the lives of individuals to whom we are indebted for the scientific discoveries upon which the control of disease is based, and the circumstances which led to these discoveries. This section of the book contains many illustrations which greatly add to the interest of the reader. This more general historical background distinguishes the book from many similar texts and serves to arouse real interest in the subject before the more technical side of public health and hygiene is considered.

The next section, covering fourteen chapters, is devoted to a consideration of the more important communicable diseases, their origin, mode of transmission, and method of control. Each disease is considered separately and

in some detail, especially in relation to the public health measures required for prevention and control.

The next six chapters are concerned with certain diseases and conditions which, though not communicable, are preventable, and whose control depends largely upon health education, chiefly among which are cancer, endocrine disturbances, mental diseases, and those due to faulty nutrition.

The ten succeeding chapters cover the field of community hygiene, especially those aspects which come under the jurisdiction of public health authorities, including water supply, sewage disposal, milk and food inspection, air and ventilation, industrial hygiene and occupational diseases, infant and school hygiene, and quarantine.

The closing chapters record, by means of surveys and statistical studies, the gains made in prevention of disease and death, and discusses social and economic factors in relation to public health.

The book throughout is well illustrated, not only with pictures, but also with charts, graphs, and statistical tables. It should serve as an admirable text on the subject, not only in schools of nursing, but in colleges and normal schools where courses in Public Health and Hygiene are not only being offered but are now frequently listed among required subjects.

ABBIE ROBERTS, R.N.

Nashville, Tenn.

DIABETES AND ITS TREATMENT. By Frederick M. Allen, M.D. 98 pages. WHAT EVERY ONE SHOULD KNOW ABOUT EYES. By F. Park Lewis, M.D. 70 pages. Illustrated. CARE OF THE MOUTH AND TEETH. By Harvey J. Burkhart, D.D.S. 45 pages. Illustrated. Funk and Wagnalls Co., New York City. 1929. Price, 30 cents each. Published in the National Health Series.

THE Health Series to which these new books belong has been prepared with such care under the direction of the National Health Council that nurses may unhesitatingly place them in the hands of patients desiring information. Other books in the series, it will be recalled, are:

Man and the Microbe
The Baby's Health
Personal Hygiene
Community Health
Cancer: Nature, Diagnosis and Cure
The Human Machine: How Your Body Functions
The Young Child's Health
The Child in School
Tuberculosis
The Quest for Health
Love and Marriage: Normal Sex Relations
Food for Health's Sake
Health of the Worker
Exercises for Health
Venereal Diseases
Your Mind and Your Mental Health
Taking Care of Your Heart
The Expectant Mother
Home Care of the Sick
Adolescence

Books Received

A HANDBOOK FOR MOTHERS. By C. Phyllis Armitage. 134 pages. John Bale, Sons & Danielsson, Ltd., London. 1929. Price 2/- net.

STATE BOARD QUESTIONS AND ANSWERS FOR NURSES. Compiled and edited by John A. Foote, M.D. Seventh edition, revised, enlarged and reset. 582 pages. J. B. Lippincott Company, Philadelphia and London. 1929. Price, $3.50.

THE NURSES' HANDBOOK OF HYGIENE. An Elementary Textbook. By L. E. H. Whitby. Second edition. 163 pages. Illustrated. Faber and Gwyer, Ltd., London. 1929. Price, 4/6 net.

A SHORTER ANATOMY WITH PRACTICAL APPLICATIONS. By E. Wolff. 451 pages. Illustrated. William Wood & Company, New York. 1929. Price, $6.

Books You Will Enjoy

ISABEL ELY LORD

Books for the Convalescent

SINCE those who are ill differ in their tastes and desires just as much as those who are well, lists of books must differ, too. There are a few things to be noted about the physical side of the book, if the patient is to hold it. First, it must not be too large or too heavy to hold with comfort. Then, too, it must open easily and stay open without pressure. The print must be clear and in no way strain the eyes, and the paper must be of a dull finish—except for inserted plates. The light must be bright enough, but without glare. Eyes are sensitive things and always need protection, but especially so during illness. Many a person has done permanent harm to the eyes by reading under wrong conditions in illness—and when well, also, for that matter.

Some want restful books at such a time, but others want and will profit by stimulation. Which kind of book is chosen must depend on the individual. When a patient asks vaguely for "a nice book" or "something with a kick in it" or "something funny," the best clue to a choice is to find out what books he remembers with pleasure. The short story has an advantage, as the attention does not have to be on the stretch long, but some people dislike the short story.

This page is too short to give many lists at one time, but here are some helpful ones of fiction. Other lists will be given later. Note that these are not new books. Frequently when one is ill, one enjoys most of all an old favorite—not too well remembered as to detail.

Pleasant Novels

Björnson, Björnstjerne. *Arne* or *Synnöve Solbakken.*
Brush, Mrs. C. C. *The Colonel's Opera Cloak.*
Craik, Mrs. D. M. *John Halifax, Gentleman.*
Elizabeth and her German Garden.
Harker, L. M. *Miss Esperance and Mr. Wycherly.*
Marshall, Archibald. *The Eldest Son.*
Oliphant, Mrs. M. O. W. *Salem Chapel.*
Sherwood, M. S. *Daphne.*

Tales with Gentle Humor

Cobb, I. S. *Old Judge Priest.*
France, Anatole. *The Crime of Sylvestre Bonnard.*
Lucas, E. V. *Over Bemerton's.*
Morley, Christopher. *Parnassus on Wheels.*
Stockton, F. R. *The Casting Away of Mrs. Lecks and Mrs. Aleshine.*
Lincoln, Joseph. *Mr. Pratt.*
Stephens, James. *The Crock of Gold.*
Wodehouse, P. S. *Mostly Sally.*

Stories Men Like

Atherton, Gertrude. *The Perch of the Devil.*
[1] Birmingham, G. A. *Spanish Gold.*
[1] Buchan, John. *Greenmantle.*
Conrad, Joseph. *Lord Jim.*
[1] Haggard, H. R. *King Solomon's Mines.*
Hall, H. S. *Steel Preferred.*
Harrison, H. S. *Queed.*
Locke, W. J. *Septimus.*
[1] Mundy, Talbot. *King—of the Khyber Rifles.*

For Reading Aloud

Allen, J. L. *The Kentucky Cardinal.*
Curtis, G. W. *Prue and I.*
[2] Ferber, Edna. *Cheerful by Request.*
[2] Gale, Zona. *Friendship Village.*
Gates, Eleanor. *The Biography of a Prairie Girl.*
Pollock and Maitland. *The Etchingham Letters.*
Smith, H. L. *Other People's Business.*
[2] Wilkins, M. E. *The Love of Parson Lord.*

[1] Adventure.
[2] Short Stories.

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Offices, 370 Seventh Ave., New York.—Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres. S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty,** Chairman, Anna C. Gladwin, 268 E. Voris St., Akron, O. **Mental Hygiene,** Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation,** Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. **Government Nursing Service,** Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. **Relief Fund Committee,** Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. **Revision Committee,** Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres. Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Rottman, Bellevue Hospital, New York. Ex. Sec., Nina D. Gage, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Katherine Tucker, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. L[illegible] Johns Hopkins Hospital, Baltimore, [illegible] Sec. Katharine DeWitt, 370 Seventh Ave., New York.

New England Division, American Nurses' Association.—Pres., Edith Soule, State Dept. of Health, Augusta, Maine. Sec., Elizabeth Van Patten, 35 Elm St., New Haven, Conn.

Middle Atlantic Division.—Pres., Jane E. Nash, Church Home, Baltimore, Md. Sec., Marion Durell, City Hosp., New York.

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